#### Case 16-81180 Doc 1 Filed 05/11/16 Entered 05/11/16 17:19:49 Desc Main Document Page 1 of 52

| Fill in this information to identify your case: | '                             |                                 |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                               |                                 |
| NORTHERN DISTRICT OF ILLINOIS, WESTERN DIVISION |                               |                                 |
| Case number (if known)                          | Chapter you are filing under: |                                 |
|   | ■ Chapter 7                   |                                 |
|   | ☐ Chapter 11                  |                                 |
|   | ☐ Chapter 12                  |                                 |
|   | ☐ Chapter 13                  | Check if this an amended filing |

#### Official Form 101

#### Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: 1                   | dentify Yourself  |   |   |
|-----|--------------------------|---|---|---|
|     |                          |   | About Debtor 1:                                 | About Debtor 2 (Spouse Only in a Joint Case): |
| 1.  | Your                     | full name   |   |   |
|     | your g                   | the name that is on<br>povernment-issued<br>e identification (for<br>ole, your driver's         | Margot First name Marie                         | First name                                    |
|     |                          | e or passport).   | Middle name                                     | Middle name                                   |
|     | identif                  | your picture<br>fication to your meeting<br>ne trustee.   | Lepage Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |
| 2.  |                          | her names you have<br>in the last 8 years   |   |   |
|     |                          | de your married or<br>en names.   |   |   |
| 3.  | your :<br>numb<br>Indivi | the last 4 digits of<br>Social Security<br>per or federal<br>idual Taxpayer<br>ification number | xxx-xx-6544                                     |   |

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| Deb | otor 1 Lepage, Margot N   | farie   | Case number (if known)  |  |  |  |
|-----|---|---|---|--|--|--|
|     |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):   |  |  |  |
| 4.  | Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years | ■ I have not used any business name or EINs.  | ☐ I have not used any business name or EINs.  |  |  |  |
|     | Include trade names and<br>doing business as names  | Business name(s)  | Business name(s)  |  |  |  |
|     |   | EINs  | EINs  |  |  |  |
| 5.  | Where you live  |   | If Debtor 2 lives at a different address:   |  |  |  |
|     |   | 1542 Timberwood Court<br>Sycamore, IL 60178   |   |  |  |  |
|     |   | Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code  |  |  |  |
|     |   | DeKalb  |   |  |  |  |
|     |   | County  | County  |  |  |  |
|     |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it i<br>here. Note that the court will send any notices to this mailing<br>address. |  |  |  |
|     |   | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code  |  |  |  |
| 6.  | Why you are choosing this district to file for  | Check one:  | Check one:  |  |  |  |
|     | bankruptcy  | <ul> <li>Over the last 180 days before filing this petition, I<br/>have lived in this district longer than in any other<br/>district.</li> </ul>    | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                            |  |  |  |
|     |   | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)   |  |  |  |
|     |   |   |   |  |  |  |

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| Deb  | ebtor 1 Lepage, Margot Marie   |           | Case number (if known)  |   |   |   |        |  |
|------|--|-----------|---|---|---|---|--------|--|
|      | incontracts  |           |   |   |   |   |        |  |
| Part | 2: Tell the Court About Y  | our Bankı | uptcy Cas   | se  |   |   |        |  |
| 7.   | The chapter of the Bankruptcy Code you are   |           | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. |   |   |   |        |  |
|      | choosing to file under   | ■ Chapt   | er 7  |   |   |   |        |  |
|      |  | ☐ Chapt   | er 11   |   |   |   |        |  |
|      |  | ☐ Chapt   | er 12   |   |   |   |        |  |
|      |  | ☐ Chapt   | ter 13  |   |   |   |        |  |
|      |  |           |   |   |   |   |        |  |
| 8.   | How you will pay the fee   | abo       | out how you   |   |   |   |        |  |
|      |  |           |   |   |   | ion, sign and attach the Application for Individuals to Pay   | The    |  |
|      |  |           | 10 m C 10 m C 40 C C C C 10 C 10 C 10 C   | nstallments (Official Form 103<br>t my fee be waived (You may | 1500 <b>4</b> 500                       | on only if you are filing for Chapter 7. By law, a judge may  | but is |  |
|      |  | not       | required to   | o, waive your fee, and may do                                 | so only if your inco                    | ome is less than 150% of the official poverty line that applints). If you choose this option, you must fill out the <i>Applic</i> . | ies to |  |
|      |  |           |   | Chapter 7 Filing Fee Waived (C                                |   |   | ation  |  |
|      |  |           |   |   |   |   |        |  |
| 9.   | Have you filed for   | ■ No.     |   |   |   |   |        |  |
|      | bankruptcy within the last 8 years?  | ☐ Yes.    |   |   |   |   |        |  |
|      |  |           | District  |   | When                                    | Case number   |        |  |
|      |  |           | District  |   | When                                    | Case number   |        |  |
|      |  |           | District  |   | When                                    | Case number   |        |  |
|      |  |           |   |   |   |   |        |  |
| 10.  | Are any bankruptcy cases   | ■ No      |   |   |   |   |        |  |
|      | pending or being filed by<br>a spouse who is not filing<br>this case with you, or by<br>a business partner, or by<br>an affiliate? | ☐ Yes.    |   |   |   |   |        |  |
|      |  |           | Debtor  |   |   | Relationship to you   |        |  |
|      |  |           | District  |   | When                                    | Case number, if known   |        |  |
|      |  |           | Debtor  | <u>0</u>  |   | Relationship to you   |        |  |
|      |  |           | District  | -   | _ When                                  | Case number, if known   |        |  |
| 11.  | Do you rent your   | ■ No.     | Go to I   | ine 12.   |   |   |        |  |
|      | residence?   | ☐ Yes.    | Has yo  | ur landlord obtained an eviction                              | n judament again                        | st you and do you want to stay in your residence?   |        |  |
|      |  | 00.       |   | No. Go to line 12.  | , |   |        |  |
|      |  |           |   |   | About an Evictior                       | Judgment Against You (Form 101A) and file it with this  |        |  |
|      |  |           |   | bankruptcy petition.  |   |   |        |  |

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| Debtor 1 Lepage, Margot Marie |   |  |   | Case number (if known)  |  |  |
|-------------------------------|---|--|---|---|--|--|
|                               |   |  |   |   |  |  |
| Pari                          | 3: Report About Any Bus   | sinesses Y   | ou Own as a Sole Proprieto                          | or  |  |  |
|                               |   |  |   |   |  |  |
| 12.                           | Are you a sole proprietor<br>of any full- or part-time<br>business?   | ■ No.  | Go to Part 4.                                       |   |  |  |
|                               |   | ☐ Yes.   | Name and location of bus                            | siness  |  |  |
|                               | A sole proprietorship is a<br>business you operate as an<br>individual, and is not a<br>separate legal entity such as<br>a corporation, partnership,<br>or LLC. |  | Name of business, if any                            |   |  |  |
|                               | If you have more than one sole proprietorship, use a separate sheet and attach it   |  | Number, Street, City, Sta                           | te & ZIP Code   |  |  |
|                               | to this petition.   |  | Check the appropriate bo                            | Check the appropriate box to describe your business:                                    |  |  |
|                               |   |  | ☐ Health Care Busin                                 | ness (as defined in 11 U.S.C. § 101(27A))   |  |  |
|                               |   |  | ☐ Single Asset Real                                 | Estate (as defined in 11 U.S.C. § 101(51B))   |  |  |
|                               |   | efined in 11 U.S.C. § 101(53A))  |   |   |  |  |
|                               |   |  | ☐ Commodity Broke                                   | r (as defined in 11 U.S.C. § 101(6))  |  |  |
|                               |   |  | ☐ None of the above                                 |   |  |  |
| 13.                           | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a small business<br>debtor?   | If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B). |   |   |  |  |
|                               | For a definition of small   | ■ No.  | I am not filing under Chap                          | oter 11.  |  |  |
|                               | business debtor, see 11 U.S.C. § 101(51D).  | □ No.  | I am filing under Chapter Code.                     | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy  |  |  |
|                               |   | ☐ Yes.   | I am filing under Chapter                           | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |  |  |
| Par                           | t 4: Report if You Own or   | Have Any   | Hazardous Property or Any                           | / Property That Needs Immediate Attention   |  |  |
| 14.                           | Do you own or have any  | ■ No.  |   |   |  |  |
|                               | property that poses or is<br>alleged to pose a threat of  |  |   |   |  |  |
|                               | imminent and identifiable hazard to public health or  |  | What is the hazard?                                 | 3   |  |  |
|                               | safety? Or do you own any property that needs immediate attention?  |  | If immediate attention is needed, why is it needed? |   |  |  |
|                               | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?   |  | Where is the property?                              |   |  |  |
|                               |   |  |   | Number, Street, City, State & Zip Code  |  |  |
|                               |   |  |   |   |  |  |

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| Jeb.  | tor 1 Lepage, Margot M  | arie |   |             |     | Case number (if known)  |
|---|---|------|---|-------------|-----|---|
| art   | 5: Explain Your Efforts to  | o Re | ceive a Briefing About Credit Counseling  |             |     | V   |
| 979   | and devices and the second  | Abo  | out Debtor 1:   |             | Abo | ut Debtor 2 (Spouse Only in a Joint Case):  |
| file for bankruptcy. You must truthfully check one of | you have received a briefing about credit counseling.  The law requires that you receive a briefing about | You  | must check one: I received a briefing from an approved credit counseling agency within the 180 days before filed this bankruptcy petition, and I received a certificate of completion.  Attach a copy of the certificate and the payment pla  | I           |     | must check one: I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.  Attach a copy of the certificate and the payment plan, if any,                          |
|   | must truthfully check one of<br>the following choices. If you<br>cannot do so, you are not                |      | if any, that you developed with the agency.  I received a briefing from an approved credit counseling agency within the 180 days before filed this bankruptcy petition, but I do not have certificate of completion.  | ı           |     | that you developed with the agency.  I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.  |
|   | If you file anyway, the court<br>can dismiss your case, you<br>will lose whatever filing fee              |      | Within 14 days after you file this bankruptcy petitio you MUST file a copy of the certificate and paymer plan, if any.  |             |     | Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.   |
| ca  | you paid, and your creditors can begin collection activities again.                                       |      | I certify that I asked for credit counseling<br>services from an approved agency, but was<br>unable to obtain those services during the 7<br>days after I made my request, and exigent<br>circumstances merit a 30-day temporary waive<br>of the requirement.   |             |     | I certify that I asked for credit counseling services<br>from an approved agency, but was unable to obtain<br>those services during the 7 days after I made my<br>request, and exigent circumstances merit a 30-day<br>temporary waiver of the requirement.                       |
|   |   |      | To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining whefforts you made to obtain the briefing, why you we unable to obtain it before you filed for bankruptcy, a what exigent circumstances required you to file this   | re<br>and   |     | To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.        |
|   |   |      | case.  Your case may be dismissed if the court is   | •           |     | Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.   |
|   |   |      | dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you mus still receive a briefing within 30 days after you file. You must file a certificate from the approved agent along with a copy of the payment plan you develop | cy,         |     | If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. |
|   |   |      | if any. If you do not do so, your case may be dismissed.  | <b>1</b> 00 |     | Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.  |
|   |   |      | Any extension of the 30-day deadline is granted on for cause and is limited to a maximum of 15 days I am not required to receive a briefing about credit counseling because of:   | •           |     | I am not required to receive a briefing about credit counseling because of:   |
|   |   |      | Incapacity. I have a mental illness or a mental deficienthat makes me incapable of realizing or marational decisions about finances.  |             |     | Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.  |
|   |   |      | Disability.  My physical disability causes me to be una to participate in a briefing in person, by phor or through the internet, even after I reasonal tried to do so.  | ne,         |     | Disability.<br>My physical disability causes me to be unable to<br>participate in a briefing in person, by phone, or through<br>the internet, even after I reasonably tried to do so.   |
|   |   |      | Active duty. I am currently on active military duty in a military combat zone.  |             |     | Active duty. I am currently on active military duty in a military combat zone.  |
|   |   |      | If you believe you are not required to receive a brie<br>about credit counseling, you must file a motion fo<br>waiver credit counseling with the court.   | fing<br>r   |     | If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.   |

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| Deb  | Debtor 1 Lepage, Margot Marie   |                            |  |   | Case number (if known)                               |  |  |  |
|------|---|----------------------------|--|---|--|--|--|--|
| Pari | G: Answer These Question  | ons for Rep                | orting Purposes  |   |  |  |  |  |
| 16.  | What kind of debts do you have?   |                            |  | ily consumer debts? Consu<br>personal, family, or household         |  | in 11 U.S.C.§ 101(8) as "incurred by an  |  |  |
|      |   |                            | ☐ No. Go to line 16b.  |   |  |  |  |  |
|      |   |                            | Yes. Go to line 17.  |   |  |  |  |  |
|      |   | 16b.                       | Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. |   |  |  |  |  |
|      |   |                            | ☐ No. Go to line 16c.  |   |  |  |  |  |
|      |   |                            | ☐ Yes. Go to line 17.  |   |  |  |  |  |
|      |   | 16c                        | State the type of debts y  | ou owe that are not consume   | r debts or business det                              | ots  |  |  |
| 17.  | Are you filing under<br>Chapter 7?  | □ No.                      | I am not filing under Ch   | apter 7. Go to line 18.   |  |  |  |  |
|      | Do you estimate that after any exempt property is excluded and  |                            | l am filing under Chapte<br>paid that funds will be av   | r 7. Do you estimate that after<br>vailable to distribute to unsecu | r any exempt property is ured creditors?             | s excluded and administrative expenses are   |  |  |
|      | administrative expenses<br>are paid that funds will be<br>available for distribution<br>to unsecured creditors? |                            | ■ No   |   |  |  |  |  |
|      |   |                            | □ Yes  |   |  |  |  |  |
| 18.  | How many Creditors do   | <b>1</b> -49               |  | ☐ 1,000-5,000   |  | □ 25,001-50,000  |  |  |
|      | you estimate that you owe?  | 50-99                      |  | ☐ 5001-10,000   | C.   | □ 50,001-100,000   |  |  |
|      | ower  | □ 100-19<br>□ 200-99       |  | 10,001-25,00  | 00   | ☐ More than100,000   |  |  |
| 19.  | How much do you   | □ \$0 - \$5                | 0,000  | □ \$1,000,001 -   | S10 million  | ☐ \$500,000,001 - \$1 billion  |  |  |
|      | estimate your assets to be worth?   | \$50,00                    | 1 - \$100,000  | \$10,000,001  |  | ☐ \$1,000,000,001 - \$10 billion   |  |  |
|      |   |                            | 01 - \$500,000   | \$50,000,001  |  | □ \$10,000,000,001 - \$50 billion  |  |  |
|      |   | □ \$500,0                  | 01 - \$1 million   | \$100,000,00  | 1 - \$500 million                                    | ☐ More than \$50 billion   |  |  |
| 20.  | How much do you   | □ \$0 - \$5                | 0,000  | □ \$1,000,001 -   | - \$10 million                                       | ☐ \$500,000,001 - \$1 billion  |  |  |
|      | estimate your liabilities to be?  | □ \$50,00                  | 1 - \$100,000  | \$10,000,001  |  | ☐ \$1,000,000,001 - \$10 billion   |  |  |
|      | 501   | W_E                        | 01 - \$500,000   | \$50,000,001  |  | S10,000,000,001 - \$50 billion   |  |  |
|      |   | □ \$500,0                  | 01 - \$1 million   | \$100,000,00  | 1 - \$500 million                                    | ☐ More than \$50 billion   |  |  |
| Par  | 7: Sign Below   |                            |  |   |  |  |  |  |
| For  | you   | I have exam                | mined this petition, and I   | declare under penalty of perj                                       | ury that the information                             | provided is true and correct.  |  |  |
|      |   | If I have cl<br>States Coo | nosen to file under Chap<br>de. I understand the relie   | pter 7, I am aware that I may<br>of available under each chapte     | proceed, if eligible, ur<br>er, and I choose to proc | nder Chapter 7, 11,12, or 13 of title 11, Unite eed under Chapter 7.                     |  |  |
|      |   |                            |  | did not pay or agree to pay so<br>required by 11 U.S.C. § 342(t     |  | ttorney to help me fill out this document, I   |  |  |
|      |   | I request r                | elief in accordance with   | the chapter of title 11, Unite                                      | d States Code, specifi                               | ed in this petition.   |  |  |
|      |   | case can                   |  |   |  | perty by fraud in connection with a bankruptcy<br>8 U.S.C. §§ 152, 1341, 1519, and 3571. |  |  |
|      |   | Margot I                   | Marie Lepage<br>of Debtor  | , 1   | Signature of Debtor 2                                | 2  |  |  |
|      |   | Executed (                 |  | 09/16   | Executed on  |  |  |  |
|      |   |                            | MM / DD / YYYY   | 77  | MM /   | DD / YYYY  |  |  |

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| Debtor 1 <u>Lepage, Margot N</u>  | Marie  | Case number (if known)                               |  |  |  |
|---|--|--|--|--|--|
| For your attorney, if you are represented by one  If you are not represented by an attorney, you do not need to file this page. | Chapter 7, 11, 12, or 13 of title 11, United States person is eligible. I also certify that I have deliver | Code, and have explained to the debtor(s) the notice | armed the debtor(s) about eligibility to proceed under<br>the relief available under each chapter for which the<br>se required by 11 U.S.C. § 342(b) and, in a case in<br>y that the information in the schedules filed with the |  |  |
|   | Signature of Attorney for Debtor   | Date   | May 9, 2016<br>MM / DD / YYYY  |  |  |
|   | Brian Wright Printed name  |  |  |  |  |
|   | Brian Wright & Associates, P.C.  |  |  |  |  |
|   | 437 West State Street Suite 101 Sycamore, IL 60178   |  |  |  |  |
|   | Number, Street, City, State & ZIP Code  Contact phone (815) 895-2074  6304330                              | Email address  | bw@wrightandassociateslaw.com  |  |  |
|   | Bar number & State   |  | <del></del>  |  |  |

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|   |                         | 17(7(-1111)       | .111 1 71(1), (1 (1) , 1/     |                 |    |
|---|-------------------------|-------------------|-------------------------------|-----------------|----|
| Fill in this infor                      | mation to identify your | case:             |                               |                 |    |
| Debtor 1                                | Margot Marie Le         | oage              |                               |                 |    |
|   | First Name              | Middle Name       | Last Name                     | )               |    |
| Debtor 2                                |                         |                   |                               |                 |    |
| (Spouse if, filing)                     | First Name              | Middle Name       | Last Name                     |                 |    |
| United States Bankruptcy Court for the: |                         | NORTHERN DISTRICT | OF ILLINOIS, WESTERN DIVISION | <u> </u>        |    |
| Case number                             |                         |                   |                               |                 |    |
| (if known)                              |                         |                   |                               | ☐ Check if this |    |
|   |                         |                   |                               | amended fil     | na |

#### Official Form 106Sum

#### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| Pai | t 1: Summarize Your Assets  |                     |                            |
|-----|---|---------------------|----------------------------|
|     |   | Your as<br>Value of | sets<br>what you own       |
| 1.  | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B  | \$                  | 72,000.00                  |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B  | \$                  | 7,107.87                   |
|     | 1c. Copy line 63, Total of all property on Schedule A/B   | \$                  | 79,107.87                  |
| Par | t 2: Summarize Your Liabilities   |                     |                            |
|     |   | Your lia<br>Amount  | <b>bilities</b><br>you owe |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column AAmount of claim, at the bottom of the last page of Part 1 of Schedule D          | \$                  | 74,653.30                  |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e &chedule E/F                                     | \$                  | 0.00                       |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j & chedule E/F   | \$                  | 39,436.00                  |
|     | Your total liabilities  | \$                  | 114,089.30                 |
| Par | t 3: Summarize Your Income and Expenses   |                     |                            |
| 4.  | Schedule I: Your Income(Official Form 106I) Copy your combined monthly income from line 12 oSchedule I  | \$                  | 2,081.57                   |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J   | \$                  | 2,017.00                   |
| Pai | t 4: Answer These Questions for Administrative and Statistical Records  |                     |                            |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your ot                        | her schedule        | es.                        |
| 7.  | Yes What kind of debt do you have?  |                     |                            |
|     | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a pupurpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C§ 159. | ersonal, fam        | ily, or household          |
|     | Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this bo   | x and subm          | it this form to the        |

court with your other schedules.

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Debtor 1 Lepage, Margot Marie

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Case number (if known)

8. **From the** Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$\_\_\_\_\_1,704.31

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following:   | Total c | aim       |
|--|---------|-----------|
| 9a. Domestic support obligations (Copy line 6a.)   | \$      | 0.00      |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$      | 0.00      |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$      | 0.00      |
| 9d. Student loans. (Copy line 6f.)   | \$      | 29,148.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$      | 0.00      |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$     | 0.00      |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$      | 29,148.00 |

Case 16-81180 Doc 1 Filed 05/11/16 Entered 05/11/16 17:19:49 Desc Main Document Page 10 of 52 Fill in this information to identify your case and this filing: Debtor 1 **Margot Marie Lepage** Middle Name Last Name Debtor 2 Middle Name (Spouse, if filing) First Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS, WESTERN DIVISION Case number Check if this is an amended filing Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? ☐ No. Go to Part 2. Yes. Where is the property? 1.1 What is the property? Check all that apply ☐ Single-family home Do not deduct secured claims or exemptions. Put 1542 Timberwood Court the amount of any secured claims on Schedule D: Duplex or multi-unit building Creditors Who Have Claims Secured by Property. Street address, if available, or other description Condominium or cooperative Manufactured or mobile home Current value of the Current value of the 60178 Svcamore IL Land entire property? portion you own? State ZIP Code Investment property \$72,000.00 \$72,000.00 Timeshare Describe the nature of your ownership interest □ Other (such as fee simple, tenancy by the entireties, or

Who has an interest in the property? Check one

☐ At least one of the debtors and another

Other information you wish to add about this item, such as local

Debtor 1 and Debtor 2 only

Debtor 1 only

Debtor 2 only

property identification number:

a life estate), if known.

(see instructions)

Check if this is community property

**Fee Simple** 

Official Form 106A/B Schedule A/B: Property page 1

**Dekalb** 

County

Case 16-81180 Doc 1 Filed 05/11/16 Entered 05/11/16 17:19:49 Desc Main Page 11 of 52
Case number (if known) Document Debtor 1 Lepage, Margot Marie If you own or have more than one, list here: 1.2 What is the property? Check all that apply Flordia Vacation Village Do not deduct secured claims or exemptions. Put ☐ Single-family home PO Box 350547 the amount of any secured claims on Schedule D: Duplex or multi-unit building П Creditors Who Have Claims Secured by Property. Street address, if available, or other description Condominium or cooperative Manufactured or mobile home Current value of the Current value of the Fort Lauderdale FL 33335-0547 Land entire property? portion you own? City State ZIP Code Investment property unknown unknown Timeshare Describe the nature of your ownership interest Other (such as fee simple, tenancy by the entireties, or à life estate), if known. Who has an interest in the property? Check one Debtor 1 only Debtor 2 only County Debtor 1 and Debtor 2 only Check if this is community property At least one of the debtors and another (see instructions) Other information you wish to add about this item, such as local property identification number: Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages \$72,000.00 you have attached for Part 1. Write that number here......>> Part 2: Describe Your Vehicles Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No Yes Do not deduct secured claims or exemptions. Put **Ford** 3 1 Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: **Fusion** Debtor 1 only Model: Creditors Who Have Claims Secured by Property. 2011 Debtor 2 only Current value of the Current value of the Approximate mileage: 55000 portion you own? Debtor 1 and Debtor 2 only entire property? Other information: At least one of the debtors and another Owned jointly with father \$9,000.00 \$4.500.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages \$4,500.00 .you have attached for Part 2. Write that number here.....>> Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own?

Official Form 106A/B Schedule A/B: Property page 2

Do not deduct secured claims or exemptions.

| Debtor 1                         | Lepage, Ma                              | rgot Marie Document Page 12 of 52 Case number (if kno   | own)                                   |
|----------------------------------|---|---|--|
| Exan                             |   |   |  |
| <b>—</b> re                      | s. Describe                             | Queen size bed with storage drawers, dresser, desk, desk chair, DVD bookshelf, tall bookshelf, entertainment center   | \$1,200.00                             |
| □ No                             | nples: Televisions ar<br>including cell | nd radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music of phones, cameras, media players, games   | collections; electronic devices        |
|                                  |   | TV, Blue-ray player, laptop, Kindle Fire  | \$200.00                               |
| Exan                             | collections, n                          | figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin nemorabilia, collectibles  | n, or baseball card collections; other |
| Exan                             | instruments                             | nd hobbies<br>graphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes   | and kayaks; carpentry tools; musical   |
| ■ No                             | mples: Pistols, rifles                  | s, shotguns, ammunition, and related equipment  |  |
| 11. <b>Clot</b> l<br>Exa<br>□ No | <i>mpl</i> es: Everyday clo             | othes, furs, leather coats, designer wear, shoes, accessories   |  |
| ■ Ye                             | s. Describe                             | Clothing  | \$300.00                               |
|                                  | <i>mpl</i> es: Everyday jev             | welry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, g   | gold, silver                           |
| <b>—</b> 16                      | s. Describe                             | Jewelry   | \$100.00                               |
| Exa<br>■ No                      | farm animals<br>mples: Dogs, cats, l    | birds, horses   |  |
| ■ No                             | )                                       | d household items you did not already list, including any health aids you did not list  |  |
| ⊔ Ye                             | s. Give specific info                   | ormation  |  |
|                                  |   | of all of your entries from Part 3, including any entries for pages you have attached the share | for \$1,800.00                         |
| Part 4:                          | Describe Your Finan                     | icial Assets  |  |

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Official Form 106A/B Schedule A/B: Property page 3

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Case number (if known) Debtor 1 Lepage, Margot Marie Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ■ No ☐ Yes..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: Yes..... **Checking Account** Fifth Third Bank \$407.87 17.1. **Savings Account** Fifth Third Bank \$400.00 17.2. 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No ☐ Yes..... Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ■ No ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ■ No Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No

☐ Yes. Give specific information about them...

| <ul> <li>No         ☐ Yes. Give specific information</li> <li>31. Interests in insurance policies         Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance</li> <li>No</li> <li>☐ Yes. Name the insurance company of each policy and list its value.         Company name:         Beneficiary:         Surrender or refur value:</li> <li>32. Any interest in property that is due you from someone who has died         If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someon died.         No</li> </ul>   |
|---|
| 31. Interests in insurance policies  Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance  No  Yes. Name the insurance company of each policy and list its value.  Company name:  Beneficiary:  Surrender or refur value:  32. Any interest in property that is due you from someone who has died  If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someon died.  |
| Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance  No  Yes. Name the insurance company of each policy and list its value.  Company name:  Beneficiary:  Surrender or refur value:  32. Any interest in property that is due you from someone who has died  If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someon died.   |
| ■ No □ Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refur value:  32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someon died.   |
| Company name:  Beneficiary:  Surrender or refur value:  32. Any interest in property that is due you from someone who has died  If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someon died.  |
| value:  32. Any interest in property that is due you from someone who has died  If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someon died.  |
| If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someon died.  |
| If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someon died.  |
| <del></del>   |
| ■ No  |
| _   |
| ☐ Yes. Give specific information  |
|   |
| 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment<br>Examples: Accidents, employment disputes, insurance claims, or rights to sue  |
|   |
| ■ No  |
| ☐ Yes. Describe each claim  |
| OA Other continuent and unlimited delains of some nature includes a contractive of the letter on belief to a contractive of the letter of the |
| 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims  |
| ■ No  |
| ☐ Yes. Describe each claim  |
| ☐ Yes. Describe each claim  |
| 35. Any financial assets you did not already list   |
| 35. Any financial assets you did not already list   |
| ■ No  |
| ☐ Yes. Give specific information  |
| ☐ Yes. Give specific information  |
|   |
|   |
| 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for  |

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

|              |          | Case 16-81180 Doc 1  | Document                   | Entered 0            | 5/11/16 17:19:49<br>52       | Desc Main             |
|--------------|----------|--|----------------------------|----------------------|------------------------------|-----------------------|
| Debt         | tor 1    | Lepage, Margot Marie   | Document                   | - age 15 01          | 52<br>Case number (if known) |                       |
| 37. <b>D</b> | o you o  | wn or have any legal or equitable interest   | in any business-related p  |                      |                              |                       |
|              | No. Go   | to Part 6.   |                            |                      |                              |                       |
|              | Yes. G   | o to line 38.  |                            |                      |                              |                       |
|              |          |  |                            |                      |                              |                       |
| Part         |          | scribe Any Farm- and Commercial Fishing-<br>ou own or have an interest in farmland, list it ir |                            | n or Have an Interes | t In.                        |                       |
| 46. <b>C</b> | o you    | own or have any legal or equitable in  | terest in any farm- or c   | ommercial fishing    | -related property?           |                       |
|              | ■ No. 0  | Go to Part 7.  |                            |                      |                              |                       |
|              | ☐ Yes.   | Go to line 47.   |                            |                      |                              |                       |
|              |          | _  |                            |                      |                              |                       |
| Part         | 7:       | Describe All Property You Own or Have a  | an Interest in That You Di | d Not List Above     |                              |                       |
| 53. <b>C</b> | Do you   | have other property of any kind you  | did not already list?      |                      |                              |                       |
|              | ,        | les: Season tickets, country club membe  | ership                     |                      |                              |                       |
|              | No       |  |                            |                      |                              |                       |
|              | J Yes. C | Give specific information  |                            |                      |                              |                       |
| 54.          | Add th   | ne dollar value of all of your entries fro   | om Part 7. Write that n    | umber here           |                              | \$0.00                |
|              |          | ·  |                            |                      |                              |                       |
| Part         | 8:       | List the Totals of Each Part of this Form  |                            |                      |                              |                       |
| 55.          | Part 1   | : Total real estate, line 2  |                            |                      |                              | \$72.000.00           |
|              |          | : Total vehicles, line 5   |                            | \$4.500.00           |                              | Ψ12,000.00            |
| 57.          | Part 3:  | : Total personal and household items   | , line 15                  | \$1,800.00           |                              |                       |
| 58.          | Part 4:  | : Total financial assets, line 36  | _                          | \$807.87             |                              |                       |
| 59.          | Part 5   | : Total business-related property, line  | ± 45                       | \$0.00               |                              |                       |
| 60.          | Part 6:  | : Total farm- and fishing-related prope  | erty, line 52              | \$0.00               |                              |                       |
| 61.          | Part 7   | : Total other property not listed, line 5  | 54 +                       | \$0.00               |                              |                       |
| 62.          | Total    | personal property. Add lines 56 throug   | h 61                       | \$7,107.87           | Copy personal property to    | tal <b>\$7,107.87</b> |

\$79,107.87

Official Form 106A/B Schedule A/B: Property page 6

63. Total of all property on Schedule A/B. Add line 55 + line 62

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|                        |                          | Docume            | nt Page 16 of 52              |                                      |
|------------------------|--------------------------|-------------------|-------------------------------|--------------------------------------|
| Fill in this infor     | mation to identify your  | case:             |                               |                                      |
| Debtor 1               | Margot Marie Le          | page              |                               |                                      |
|                        | First Name               | Middle Name       | Last Name                     |                                      |
| Debtor 2               |                          |                   |                               |                                      |
| (Spouse if, filing)    | First Name               | Middle Name       | Last Name                     |                                      |
| United States Ba       | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS, WESTERN DIVISION |                                      |
| Case number (if known) |                          |                   |                               | ☐ Check if this is an amended filing |
| Official Fo            | orm 106C                 |                   |                               |                                      |

#### Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify | y the | Property | You | Claim as | Exempt |
|---------|----------|-------|----------|-----|----------|--------|
|         |          |       |          |     |          |        |

- Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on<br>Schedule A/B that lists this property   | Current value of the portion you own | Amo      | ount of the exemption you claim  | Specific laws that allow exemption |
|--|--------------------------------------|----------|--|------------------------------------|
|  | Copy the value from<br>Schedule A/B  |          |  |                                    |
| 1542 Timberwood Court<br>Sycamore IL, 60178<br>County: Dekalb<br>Line from Schedule A/B. 1.1   | \$72,000.00                          |          | \$15,000.00  100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-901                  |
| Ford Fusion 2011 55000 Line from Schedule A/B 3.1  | \$4,500.00                           | <b>-</b> | \$2,400.00  100% of fair market value, up to any applicable statutory limit  | 735 ILCS 5/12-1001(c)              |
| Ford Fusion 2011 55000 Line from Schedule A/B. 3.1   | \$4,500.00                           |          | \$1,692.13  100% of fair market value, up to any applicable statutory limit  | 735 ILCS 5/12-1001(b)              |
| Queen size bed with storage drawers, dresser, desk, desk chair, DVD bookshelf, tall bookshelf, entertainment center Line from Schedule A/B 6.1 | \$1,200.00                           |          | \$1,200.00  100% of fair market value, up to any applicable statutory limit  | 735 ILCS 5/12-1001(b)              |

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|    | Brief description of the property and line on<br>Schedule A/B that lists this property  | Current value of the portion you own | Amo     | unt of the exemption you claim                                  | Specific laws that allow exemption |  |
|----|---|--------------------------------------|---------|---|------------------------------------|--|
|    |   | Copy the value from<br>Schedule A/B  | Chec    | ck only one box for each exemption.                             |                                    |  |
|    | TV, Blue-ray player, laptop, Kindle<br>Fire   | \$200.00                             | •       | \$200.00  | 735 ILCS 5/12-1001(b)              |  |
|    | Line from Schedule A/B: 7.1   |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |  |
|    | Clothing Line from Schedule A/B 11.1  | \$300.00                             |         | \$300.00  | 735 ILCS 5/12-1001(a)              |  |
| L  | Line noin schedule ALL TT.  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |  |
|    | Jewelry Line from Schedule A/B 12.1   | \$100.00                             |         | \$100.00  | 735 ILCS 5/12-1001(b)              |  |
|    | Line noni concease 702. 1211  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |  |
|    | Fifth Third Bank Line from Schedule A/B 17.1  | \$407.87                             |         | \$407.87  | 735 ILCS 5/12-1001(b)              |  |
|    | Line Holli Schedule AVID. 17.1  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |  |
|    | Fifth Third Bank Line from Schedule A/B 17.2  | \$400.00                             |         | \$400.00  | 735 ILCS 5/12-1001(b)              |  |
|    | Elle Holl Genedale ALL 11.2   |                                      |         | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| 3. | Are you claiming a homestead exemption of (Subject to adjustment on 4/01/19 and every 3 |                                      |         | on or after the date of adjustment.)                            |                                    |  |
|    | No  |                                      |         |   |                                    |  |
|    | ☐ Yes. Did you acquire the property covered   | d by the exemption within            | า 1,215 | days before you filed this case?                                |                                    |  |
|    | _   |                                      |         |   |                                    |  |

- □ No
- ☐ Yes

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|                                       |  | Document Pa   | <u>ne 18 of</u>    | <u>52                                    </u> |  |                     |
|---------------------------------------|--|---|--------------------|---|--|---------------------|
| Fill in this informa                  | tion to identify you                   | r case:   |                    |   |  |                     |
| Debtor 1                              | Margot Marie Lo                        | anada   |                    |   |  |                     |
| 200101                                | First Name                             | <u> </u>  | Name               |   | - }                                    |                     |
| Debtor 2                              |  |   |                    |   | _                                      |                     |
| (Spouse if, filing)                   | First Name                             | Middle Name Last  | Name               |   |  |                     |
| United States Bank                    | ruptcy Court for the:                  | NORTHERN DISTRICT OF ILLINOIS   | , WESTERN          | DIVISION                                      |  |                     |
| _                                     |  |   |                    |   | -                                      |                     |
| Case number                           |  |   |                    |   | □ Chock                                | if this is an       |
| (ii kilowii)                          |  |   |                    |   | _                                      | ed filing           |
|                                       |  |   |                    |   | amene                                  | ca ming             |
| Official Form                         | 106D                                   |   |                    |   |  |                     |
| Schedule F                            | ······································ | Who Have Claims Sec   | ured by            | , Propert                                     | V                                      | 12/15               |
| ochedate L                            | o. Creations                           | Wild Have claims see  | urca b             | y i ropert                                    | <u>y</u>                               | 12/13               |
|                                       |  | f two married people are filing together, both<br>, number the entries, and attach it to this for |                    |   |  |                     |
| known).                               | illional Fage, IIII il out             | , number the entries, and attach it to this for   | iii. Oii tiile top | or arry additional                            | pages, write your name                 | and case number (ii |
| 1. Do any creditors ha                | ave claims secured by                  | your property?  |                    |   |  |                     |
| □ No. Check th                        | nis box and submit thi                 | is form to the court with your other schedule   | es. You have       | nothing else to re                            | eport on this form.                    |                     |
| _                                     |  | ŕ   | o. Tou have        |   | port or the form.                      |                     |
| Yes. Fill in al                       | Il of the information be               | elow.   |                    |   |  |                     |
| Part 1: List All S                    | Secured Claims                         |   |                    | aluman A                                      | Caluma D                               | Calumn              |
|                                       |  | nore than one secured claim, list the creditor se   | parately           | olumn A                                       | Column B                               | Column C            |
|                                       |  | a particular claim, list the other creditors in Partical order according to the creditor 's name. |                    | mount of claim o not deduct the               | Value of collateral that supports this | Unsecured portion   |
|                                       | •                                      | <b>3</b>  |                    | lue of collateral.                            | claim                                  | If any              |
| 2.1 Berkley Vac                       |  | Describe the property that secures the clai   | m·                 | \$2,757.30                                    | Unknown                                | \$2,757.30          |
| Creditor's Name                       | <u>c.</u>                              | PO Box 350547, Fort Lauderdale  |                    | Ψ2,101.00                                     |  | Ψ2,7 07 .00         |
|                                       |  | FL 33335-0547   | '                  |   |  |                     |
| 3015 N. Oce                           | ean Blvd.                              |   |                    |   |  |                     |
| Ft. Lauderd                           |  | As of the date you file, the claim is: Check a apply.   | II that            |   |  |                     |
| 33308-7300                            | )                                      | Contingent  |                    |   |  |                     |
| Number, Street, C                     | city, State & Zip Code                 | ☐ Unliquidated  |                    |   |  |                     |
|                                       |  | Disputed  |                    |   |  |                     |
| Who owes the debt                     | ? Check one.                           | Nature of lien. Check all that apply.   |                    |   |  |                     |
| Debtor 1 only                         |  |   | ge or secured      |   |  |                     |
| ☐ Debtor 2 only ☐ Debtor 1 and Debt   | tor 2 only                             | ☐ Statutory lien (such as tax lien, mechanic's  | lion)              |   |  |                     |
| _                                     |  | ☐ Judgment lien from a lawsuit  | s lien)            |   |  |                     |
| _                                     | debtors and another                    | <u> </u>  |                    |   |  |                     |
| Check if this clair<br>community debt |  | Other (including a right to offset)   |                    |   |  |                     |
| community debt                        |  |   |                    |   |  |                     |
| Date debt was incurr                  | red                                    | Last 4 digits of account number   |                    |   |  |                     |
|                                       |  |   |                    |   |  |                     |
| 2.2 Fifth Third                       | Bank                                   | Describe the property that secures the clai   |                    | \$71,896.00                                   | \$72,000.00                            | \$0.00              |
| Creditor's Name Fifth Third           | Rank                                   | 1542 Timberwood Court, Sycamo   | ore,               |   |  |                     |
|                                       | / Department,                          | IL 60178  |                    |   |  |                     |
| 1830 E Pari                           |  | As of the date you file, the claim is: Check a  | II that            |   |  |                     |
| Rscb3e                                |  | apply.  Contingent  |                    |   |  |                     |
| Grand Rapi                            |  | _ cogc  |                    |   |  |                     |
| 49546-6253                            |  | <b>—</b>  |                    |   |  |                     |
| Number, Street, C                     | ity, State & Zip Code                  | ☐ Unliquidated ☐ Disputed   |                    |   |  |                     |
| Who owes the debt                     | ? Check one.                           | Nature of lien. Check all that apply.   |                    |   |  |                     |
| ■ Debtor 1 only                       |  | ☐ An agreement you made (such as mortgage   | e or secured       |   |  |                     |
| ☐ Debtor 2 only                       |  | car loan)   | ,                  |   |  |                     |
| Debtor 1 and Debt                     | tor 2 only                             | ☐ Statutory lien (such as tax lien, mechanic's  | s lien)            |   |  |                     |
| ☐ At least one of the                 | =                                      | ☐ Judgment lien from a lawsuit  | ,                  |   |  |                     |
| ☐ Check if this clair                 |  | ☐ Other (including a right to offset)   |                    |   |  |                     |
| community debt                        |  |   |                    |   |  |                     |

Official Form 106D

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| Debtor 1           | Margot Marie L                           | .epage  |                                    | Case number (if know)  |        |
|--------------------|--|---|------------------------------------|--|--------|
|                    | First Name                               | Middle Name   | Last Name                          |  |        |
| Date deb           | t was incurred                           | Las   | t 4 digits of account number       |  |        |
|                    |  |   |                                    |  |        |
| Add the d          | lollar value of your er                  | tries in Column A on th                             | is page. Write that number here    | re: \$74,653.30  |        |
|                    | he last page of your f<br>t number here: | orm, add the dollar valu                            | e totals from all pages.           | \$74,653.30  |        |
| Part 2:            | List Others to Be                        | Notified for a Debt Tha                             | at You Already Listed              |  |        |
| trying to than one | collect from you for a                   | debt you owe to someo<br>e debts that you listed in | ne else, list the creditor in Part | t that you already listed in Part 1. For example, if a collection age<br>rt 1, and then list the collection agency here. Similarly, if you hav<br>litors here. If you do not have additional persons to be notified fo | e more |
|                    | ıme, Number, Street, C<br>fth Third Bank | ity, State & Zip Code                               |                                    | On which line in Part 1 did you enter the creditor? 2.2  |        |
|                    | 050 Kingsley Dr<br>incinnati, OH 452     | 227-1115  |                                    | Last 4 digits of account number  |        |

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|  | 0000 10 0                                  | 1100 0001                                       | Document P  | Page 20       | 0 of 52   | 0 000                               | o mani   |
|--|--|---|---|---------------|---|-------------------------------------|--|
| Fill in this                             | s information to ide                       | entify your case:                               |   |               |   |                                     |  |
| Debtor 1                                 | Margot                                     | Marie Lepage                                    |   |               |   |                                     |  |
|  | First Name                                 |   | Middle Name Li  | ast Name      |   | )                                   |  |
| Debtor 2                                 | line) First Name                           |   | At della Name   |               |   |                                     |  |
| (Spouse if, fi                           | ling) First Name                           | ľ   | Middle Name La  | ast Name      |   |                                     |  |
| United Sta                               | ates Bankruptcy Co                         | urt for the: NOR                                | THERN DISTRICT OF ILLING  | DIS, WES      | TERN DIVISION   | ļ                                   |  |
| Case num                                 | nber                                       |   |   |               |   |                                     |  |
| (if known)                               |  |   |   |               |   |                                     | heck if this is an                                   |
|  |  |   |   |               |   | ] a                                 | mended filing  |
| Official                                 | Form 106E/I                                | =   |   |               |   |                                     |  |
|  |  |   | ave Unsecured CI  | aime          |   |                                     | 12/15  |
|  |  |   | for creditors with PRIORITY cla   |               | out 2 for anoditors with NON                                    | DDIODITY alaim                      |  |
| Schedule G<br>D: Creditor<br>the Continu | 6: Executory Contracts S Who Have Claims S | ts and Unexpired Leas<br>Secured by Property. I | ld result in a claim. Also list en<br>ses (Official Form 106G). Do no<br>f more space is needed, copy t<br>ormation to report in a Part, do | t include a   | my creditors with partially s<br>u need, fill it out, number th | ecured claims t<br>e entries in the | hat are listed in Schedule boxes on the left. Attach |
| Part 1:                                  | List All of Your Pl                        | RIORITY Unsecured                               | d Claims  |               |   |                                     |  |
| 1. Do an                                 | y creditors have prior                     | rity unsecured claims                           | against you?  |               |   |                                     |  |
| ■ No                                     | . Go to Part 2.                            |   |   |               |   |                                     |  |
| ☐ Ye                                     | S.   |   |   |               |   |                                     |  |
| Part 2:                                  | List All of Your N                         | ONPRIORITY Unsec                                | cured Claims  |               |   |                                     |  |
| 3. Do an                                 | y creditors have non                       | oriority unsecured cla                          | ims against you?  |               |   |                                     |  |
| ☐ No                                     | . You have nothing to                      | eport in this part. Subm                        | nit this form to the court with your  | other sche    | dules.  |                                     |  |
| ■ Yes                                    | S.   |   |   |               |   |                                     |  |
| unsecu                                   | ured claim, list the cred                  | litor separately for each                       | he alphabetical order of the cre<br>o claim. For each claim listed, iden<br>ner creditors in Part 3.If you have                             | ntify what ty | pe of claim it is. Do not list cla                              | aims already incl                   | uded in Part 1. If more                              |
|  |  |   |   |               |   |                                     | Total claim  |
|  | apital One                                 |   | Last 4 digits of account  | t number      | 3164  |                                     | \$2,378.00   |
|  | onpriority Creditor's Na                   |   |   |               | 00/04/000=  |                                     |  |
|  | ittn: Bankruptcy<br>O Box 30285            |   | When was the debt inc   | urred?        | 08/01/2007  |                                     | -  |
|  | Salt Lake City, U                          | Г 84130-0285                                    |   |               |   |                                     |  |
| N  | umber Street City Stat                     | e ZIp Code                                      | As of the date you file,  | the claim i   | s: Check all that apply   |                                     |  |
| W  | /ho incurred the debt                      | ? Check one.                                    |   |               |   |                                     |  |
|  | Debtor 1 only                              |   | ☐ Contingent  |               |   |                                     |  |
|  | Debtor 2 only                              |   | ☐ Unliquidated  |               |   |                                     |  |
|  | Debtor 1 and Debtor                        |   | ☐ Disputed  |               |   |                                     |  |
|  | At least one of the d                      | ebtors and another                              | Type of NONPRIORITY   | unsecure      | l claim:  |                                     |  |
|  | Check if this claim                        | is for a community                              | ☐ Student loans   |               |   |                                     |  |
|  | ebt<br>the claim subject to                | offset?   | Obligations arising ou report as priority claims  | ut of a sepa  | ration agreement or divorce th                                  | at you did not                      |  |
| _  | No No                                      |   |   | rofit-sharin  | g plans, and other similar deb                                  | ts                                  |  |
|  | Yes  |   | Other. Specify Cre  |               |   |                                     |  |
| L  | <b>-</b> 162                               |   | Other. Specify  | Juit Card     | l .   |                                     | _  |

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| 1 Lepage, Margot Marie   |   | Case number (f know)                          |            |
|--|---|---|------------|
| Citibank/Best Buy  | Last 4 digits of account number   | 1850  | \$1,693.00 |
| Nonpriority Creditor's Name  | When was the debt incurred?   | 01/01/2007                                    |            |
| PO Box 30285 Salt Lake City, UT 84130-0285 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim  |   |            |
| ■ Debtor 1 only  | ☐ Contingent  |   |            |
| Debtor 2 only  | ☐ Unliquidated  |   |            |
| Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |            |
| ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure  | d claim:                                      |            |
| ☐ Check if this claim is for a community debt  | <ul><li>☐ Student loans</li><li>☐ Obligations arising out of a sepa</li></ul> | aration agreement or divorce that you did not |            |
| Is the claim subject to offset?  | report as priority claims   |   |            |
| ■ No   | Debts to pension or profit-sharing  |   |            |
| Yes  | Other. Specify Credit Care  | <u>d</u>                                      |            |
| Comenity Bank/Maurices Nonpriority Creditor's Name   | Last 4 digits of account number   | 3044  | \$1,193.00 |
| PO Box 182125  | When was the debt incurred?   | 05/01/2010                                    |            |
| Columbus, OH 43218-2125  Number Street City State Zlp Code   | As of the date you file, the claim  | is: Check all that apply                      |            |
| Who incurred the debt? Check one.  |   |   |            |
| ■ Debtor 1 only  | ☐ Contingent  |   |            |
| Debtor 2 only  | ☐ Unliquidated  |   |            |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |            |
| ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure  | d claim:                                      |            |
| ☐ Check if this claim is for a community   | ☐ Student loans   |   |            |
| debt Is the claim subject to offset?   | report as priority claims   | aration agreement or divorce that you did not |            |
| No   | Debts to pension or profit-sharing  | g plans, and other similar debts              |            |
| Yes  | Other. Specify Credit card  | <u> </u>                                      |            |
| Comenity Bank/Victorias Secret Nonpriority Creditor's Name   | Last 4 digits of account number   | 6881  | \$927.00   |
| Nonpriority Creditor's Name  | When was the debt incurred?   | 11/01/2008                                    |            |
| PO Box 182125<br>Columbus, OH 43218-2125   |   |   |            |
| Number Street City State Zlp Code Who incurred the debt? Check one.  | As of the date you file, the claim  | is: Check all that apply                      |            |
| ■ Debtor 1 only  | ☐ Contingent  |   |            |
| Debtor 2 only  | ☐ Unliquidated  |   |            |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |            |
| $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecure  | d claim:                                      |            |
| Check if this claim is for a community   | Student loans   |   |            |
| debt Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims                    | aration agreement or divorce that you did not |            |
| No   | Debts to pension or profit-sharir   | on plans, and other similar debts             |            |
| ■ NO  Ves  | Debts to perision of profit-sharif  |   |            |
| 1 1 1 2 2 2  | - Other Casifi, Liferii Carr  |   |            |

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Case Nargot Marie

Case Margot Marie

Debtor 1 Lepage, Margot Marie 4.5 Dept of Ed/Nelnet \$23,779.00 Last 4 digits of account number 2849 Nonpriority Creditor's Name Attn: Claims When was the debt incurred? 09/01/2012 PO Box 82505 Lincoln, NE 68501-2505 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ☐ Other. Specify 4.6 Dept of Ed/Nelnet Last 4 digits of account number \$5,056.00 7245 Nonpriority Creditor's Name Attn: Claims When was the debt incurred? 06/01/2013 PO Box 82505 Lincoln, NE 68501-2505 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ■ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ☐ Other. Specify 4.7 Fifth Third Bank Last 4 digits of account number 7361 \$260.00 Nonpriority Creditor's Name When was the debt incurred? Attn: Bankruptcy 10/01/2013 1850 E Paris Ave SE **Grand Rapids, MI 49546-6253** Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Credit card

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| Debto | Lepage, Margot Marie   |  | Case number (if know)                        |            |
|-------|--|--|--|------------|
| 4.8   | Navient  | Last 4 digits of account number                              | 0429   | \$313.00   |
|       | Nonpriority Creditor's Name Attn: Claims Dept PO Box 9500  | When was the debt incurred?                                  | 04/01/2002                                   |            |
|       | Wilkes Barre, PA 18773-9500  Number Street City State Zlp Code  Who incurred the debt? Check one.          | As of the date you file, the claim i                         | s: Check all that apply                      |            |
|       | Debtor 1 only  | ☐ Contingent   |  |            |
|       | Debtor 2 only  | ☐ Unliquidated   |  |            |
|       | Debtor 1 and Debtor 2 only   | ☐ Disputed  Type of NONPRIORITY unsecured                    | d claim:                                     |            |
|       | At least one of the debtors and another  | Student loans  | - Gui  |            |
|       | ☐ Check if this claim is for a community debt Is the claim subject to offset?                              | _  | ration agreement or divorce that you did not |            |
|       | ■ No   | Debts to pension or profit-sharin                            | g plans, and other similar debts             |            |
|       | ☐ Yes  | Other. Specify   |  |            |
| 4.9   | Synchrony Bank/Care Credit   | Last 4 digits of account number                              | 0811   | \$612.00   |
|       | Nonpriority Creditor's Name Attn: Bankruptcy PO Box 103104   | When was the debt incurred?                                  | 02/01/2008                                   |            |
|       | Number Street City State Zlp Code  Who incurred the debt? Check one.                                       | As of the date you file, the claim i                         | s: Check all that apply                      |            |
|       | ■ Debtor 1 only  | ☐ Contingent   |  |            |
|       | Debtor 2 only  | ☐ Unliquidated   |  |            |
|       | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |            |
|       | $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecured                                | d claim:                                     |            |
|       | Check if this claim is for a community   | Student loans  |  |            |
|       | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |            |
|       | ■ No   | Debts to pension or profit-sharin                            | g plans, and other similar debts             |            |
|       | Yes  | ■ Other. Specify Credit card                                 | <u> </u>                                     |            |
| 4.10  | Tnb-Target   | Last 4 digits of account number                              | 6299   | \$3,225.00 |
|       | Nonpriority Creditor's Name C/O Financial & Retail Services Mailstop                                       | When was the debt incurred?                                  | 11/01/2009                                   |            |
|       | PO Box 9475 Minneapolis, MN 55440-9475 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i                         | s: Check all that apply                      |            |
|       | Debtor 1 only  | ☐ Contingent   |  |            |
|       | ☐ Debtor 2 only  | ☐ Unliquidated   |  |            |
|       | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |            |
|       | $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecured                                |  |            |
|       | $\square$ Check if this claim is for a community debt  | ☐ Student loans ☐ Obligations arising out of a sepa          | ration agreement or divorce that you did not |            |
|       | Is the claim subject to offset?  | report as priority claims                                    | ·  |            |
|       | No   | Debts to pension or profit-sharin                            | g plans, and other similar debts             |            |
|       | Yes  | ■ Other, Specify Credit card                                 |  |            |

Part 3: List Others to Be Notified About a Debt That You Already Listed

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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| Debtor 1 Lepage, Margot Marie                  | Document Page  | Case number (f know)   |  |
|--|--|--|--|
| Name and Address  Cap1/bstby                   | On which entry in Part 1 or Part 2 did<br>Line <b>4.2</b> of ( <i>Check one</i> ): | l you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims                     |  |
| 50 NW Point Blvd                               | _ (, , , , , , , , , , , , , , , , , , ,   | ■ Part 2: Creditors with Nonpriority Unsecured Claims  |  |
| Elk Grove Village, IL 60007-1032               | Last 4 digits of account number  | 1850   |  |
| Name and Address                               | On which entry in Part 1 or Part 2 did   | · <u> </u>   |  |
| Capital One Bank USA N<br>15000 Capital One Dr | Line 4.1 of (Check one):   | Part 1: Creditors with Priority Unsecured Claims   |  |
| Richmond, VA 23238-1119                        |  | ■ Part 2: Creditors with Nonpriority Unsecured Claims  |  |
|  | Last 4 digits of account number  | 3164   |  |
| Name and Address                               | On which entry in Part 1 or Part 2 did   |  |  |
| Comenity Bank/Maurices                         | Line 4.3 of (Check one):   | Part 1: Creditors with Priority Unsecured Claims   |  |
| PO Box 182789<br>Columbus, OH 43218-2789       |  | ■ Part 2: Creditors with Nonpriority Unsecured Claims  |  |
|  | Last 4 digits of account number  | 3044   |  |
| Name and Address                               | On which entry in Part 1 or Part 2 did   | •  |  |
| Comenity Bank/Vctrssec<br>PO Box 182789        | Line 4.4 of (Check one):   | Part 1: Creditors with Priority Unsecured Claims   |  |
| Columbus, OH 43218-2789                        |  | ■ Part 2: Creditors with Nonpriority Unsecured Claims  |  |
|  | Last 4 digits of account number  | 6881   |  |
| Name and Address                               | On which entry in Part 1 or Part 2 did   |  |  |
| Dept of Education/NeIn                         | Line 4.5 of (Check one):   | Part 1: Creditors with Priority Unsecured Claims   |  |
| 121 S 13th St<br>Lincoln, NE 68508-1904        |  | ■ Part 2: Creditors with Nonpriority Unsecured Claims  |  |
|  | Last 4 digits of account number  | 2849   |  |
| Name and Address                               | On which entry in Part 1 or Part 2 did   | you list the original creditor?  |  |
| Dept of Education/NeIn                         | Line 4.6 of (Check one):   | Part 1: Creditors with Priority Unsecured Claims   |  |
| 121 S 13th St<br>Lincoln, NE 68508-1904        |  | ■ Part 2: Creditors with Nonpriority Unsecured Claims  |  |
|  | Last 4 digits of account number  | 7245   |  |
| Name and Address                               | On which entry in Part 1 or Part 2 did   | • •  |  |
| Fifth Third Bank<br>5050 Kingsley Dr           | Line 4.7 of (Check one):   | Part 1: Creditors with Priority Unsecured Claims   |  |
| Cincinnati, OH 45227-1115                      |  | ■ Part 2: Creditors with Nonpriority Unsecured Claims  |  |
|  | Last 4 digits of account number  | 7361   |  |
| Name and Address                               | On which entry in Part 1 or Part 2 did   | · <u> </u>   |  |
| Navient<br>PO Box 9500                         | Line <b>4.8</b> of (Check one):  | Part 1: Creditors with Priority Unsecured Claims   |  |
| Wilkes Barre, PA 18773-9500                    |  | ■ Part 2: Creditors with Nonpriority Unsecured Claims  |  |
|  | Last 4 digits of account number  | 0429   |  |
| Name and Address                               | On which entry in Part 1 or Part 2 did   | · ·  |  |
| Northland Group<br>PO Box 390905               | Line <u>4.2</u> of (Check one):  | ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims |  |
| Minneapolis, MN 55439-0905                     |  | Part 2: Creditors with Nonpriority Unsecured Claims  |  |
|  | Last 4 digits of account number  | 1850   |  |
| Name and Address                               | On which entry in Part 1 or Part 2 did   | · <u> </u>   |  |
| Syncb/Care Credit<br>C/o                       | Line 4.9 of (Check one):   | ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims |  |
| PO Box 965036                                  |  | Part 2: Creditors with Nonphority Onsecured Claims   |  |
| Orlando, FL 32896-5036                         | Last 4 digits of account number  | 0811   |  |
| Name and Address                               | On which entry in Part 1 or Part 2 did   |  |  |
| Td Bank USA/Targetcred                         | Line 4.10 of (Check one):  | Part 1: Creditors with Priority Unsecured Claims   |  |
| PO Box 673                                     |  | ■ Part 2: Creditors with Nonpriority Unsecured Claims  |  |
| Minneapolis, MN 55440-0673                     | Last 4 digits of account number  | 6299   |  |

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Debtor 1 Lepage, Margot Marie

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|                          |     |   |     | •  | Total Claim |
|--------------------------|-----|---|-----|----|-------------|
|                          | 6a. | Domestic support obligations  | 6a. | \$ | 0.00        |
| Total claims             |     |   |     |    |             |
| from Part 1              | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$ | 0.00        |
|                          | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$ | 0.00        |
|                          | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$ | 0.00        |
|                          | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$ | 0.00        |
|                          |     |   |     |    | Total Claim |
| T. 4.1.1.1.1             | 6f. | Student loans   | 6f. | \$ | 29,148.00   |
| Total claims from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00        |
|                          | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$ | 0.00        |
|                          | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$ | 10,288.00   |
|                          | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$ | 39,436.00   |

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|   |                         | DUGIIIIE          | III PAUE 70 ULDZ            |    |
|---|-------------------------|-------------------|-----------------------------|----|
| Fill in this infor                      | mation to identify your | case:             |                             |    |
| Debtor 1                                | Margot Marie Le         | oage              |                             |    |
|   | First Name              | Middle Name       | Last Name                   |    |
| Debtor 2                                |                         |                   |                             |    |
| (Spouse if, filing)                     | First Name              | Middle Name       | Last Name                   |    |
| United States Bankruptcy Court for the: |                         | NORTHERN DISTRICT | OF ILLINOIS, WESTERN DIVISI | ON |
| Case number                             |                         |                   |                             |    |
| (if known)                              |                         |                   |                             |    |

#### Official Form 106G

#### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | r company with<br>Name, Numbe | whom you have the<br>r, Street, City, State and ZIP ( | contract or lease | State what the contract or lease is for |
|-----|-----------|-------------------------------|---|-------------------|---|
| 2.1 |           |                               |   |                   |   |
|     | Name      |                               |   |                   | <del>_</del>                            |
|     | Number    | Street                        |   |                   | _                                       |
|     | City      |                               | State   | ZIP Code          |   |
| 2.2 |           |                               |   |                   |   |
|     | Name      |                               |   |                   |   |
|     | Number    | Street                        |   |                   |   |
|     | City      |                               | State   | ZIP Code          | <del>_</del>                            |
| 2.3 |           |                               |   |                   |   |
|     | Name      |                               |   |                   | <del>_</del>                            |
|     | Number    | Street                        |   |                   | <u> </u>                                |
|     | City      |                               | State   | ZIP Code          |   |
| 2.4 |           |                               |   |                   |   |
|     | Name      |                               |   |                   | <u> </u>                                |
|     | Number    | Street                        |   |                   | _                                       |
|     | City      |                               | State   | ZIP Code          |   |
| 2.5 |           |                               |   |                   |   |
|     | Name      |                               |   |                   | <del></del>                             |
|     | Number    | Street                        |   |                   | _                                       |
|     | City      |                               | State   | ZIP Code          | <del>_</del>                            |
|     |           |                               |   |                   |   |

Entered 05/11/16 17:19:49 Case 16-81180 Doc 1 Filed 05/11/16 Desc Main Page 27 of 52 Document Fill in this information to identify your case: Debtor 1 **Margot Marie Lepage** Middle Name Last Name Debtor 2 Middle Name (Spouse if, filing) First Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS, WESTERN DIVISION Case number (if known) ☐ Check if this is an amended filing Official Form 106H Schedule H: Your Codebtors 12/15 Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question. 1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor. ☐ No Yes 2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.) No. Go to line 3. Yes. Did your spouse, former spouse, or legal equivalent live with you at the time? 3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

| Column 1: Your codebtor | Column 2: The creditor to whom you owe the debt | Check all schedules that apply:
| 3.1 | Jeanna Valentin | Schedule D, line | 2.1 | Schedule E/F, line | Schedule G | Schedule Schedule G | Schedule Schedule G | Schedule Schedule G | Schedule Schedule

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| Fill               | in this information to identify your ca  | ıse:   |   |                              |                | l                      |                       |                       |                                  |                   |     |
|--------------------|--|--|---|------------------------------|----------------|------------------------|-----------------------|-----------------------|----------------------------------|-------------------|-----|
|                    | btor 1 Margot Mari   |  |   |                              |                |                        |                       |                       |                                  |                   |     |
| _                  | obtor 2<br>ouse, if filing)  |  |   |                              | _              |                        |                       |                       |                                  |                   |     |
| Uni                | ited States Bankruptcy Court for the:  | NORTHERN DISTRIC                                     | CT OF ILLINOIS, \                       | VESTERN                      | _              |                        |                       |                       |                                  |                   |     |
|                    | se number<br>nown)   |  |   |                              |                | □ A                    |                       | ed filing<br>ent shov | ving postpetiti<br>Ilowing date: | on chapter        | 13  |
| 0                  | fficial Form 106I  |  |   |                              |                | <del>-</del> N         | IM / DD/ Y            | ·YYY                  | -                                |                   |     |
| S                  | chedule I: Your Inco   | ome  |   |                              |                |                        |                       |                       |                                  | 12                | /15 |
| sup<br>spo<br>atta | as complete and accurate as possiplying correct information. If you abuse. If you are separated and your ach a separate sheet to this form. Court 1: | are married and not filing spouse is not filing with | g jointly, and you<br>h you, do not inc | ır spouse is<br>lude informa | livir<br>Itior | ng with y<br>n about y | ou, inclu<br>our spou | de infor<br>se. If m  | mation aboutore space is         | t your<br>needed, |     |
| 1.                 | Fill in your employment information.   |  | Debtor 1                                |                              |                |                        | Debtor 2              | or nor                | n-filing spous                   | se                |     |
|                    | If you have more than one job,   | Employment status*                                   | ■ Employed                              |                              |                |                        | ☐ Empl                | oyed                  |                                  |                   |     |
|                    | attach a separate page with information about additional   | Linployment status                                   | ☐ Not employed                          |                              |                |                        | ☐ Not employed        |                       |                                  |                   |     |
|                    | employers.   | Occupation   | See Schedule Attached                   |                              |                |                        |                       |                       |                                  |                   |     |
|                    | Include part-time, seasonal, or self-employed work.  | Employer's name                                      |   |                              |                |                        |                       |                       |                                  |                   |     |
|                    | Occupation may include student o homemaker, if it applies.   | r Employer's address                                 |   |                              |                |                        |                       |                       |                                  |                   |     |
| Pa                 | rt 2: Give Details About Mon   | How long employed th                                 |   | Attachment                   | for            | Addition               | al Emplo              | /ment l               | nformation                       |                   |     |
| Esti               | imate monthly income as of the da  |  | ou have nothing to                      | report for any               | / line         | e, write \$0           | in the sp             | ace. Inc              | lude your non                    | -filing spou      | se  |
| •                  | ou or your non-filing spouse have more<br>ce, attach a separate sheet to this for  |  | oine the information                    | n for all emplo              | yers           | s for that p           | oerson on             | the line              | s below. If you                  | ı need more       | )   |
|                    |  |  |   |                              |                | For Deb                | otor 1                |                       | Debtor 2 or<br>-filing spous     | e                 |     |
| 2.                 | List monthly gross wages, salar deductions). If not paid monthly, ca   |  |   | 2.                           | \$             | 2,                     | 121.91                | \$                    | N                                | <u>/A</u>         |     |
| 3.                 | Estimate and list monthly overti   | me pay.  |   | 3.                           | +\$            |                        | 0.00                  | +\$                   | N                                | <u>/A</u>         |     |
| 4.                 | Calculate gross Income. Add line   | e 2 + line 3.  |   | 4.                           | \$             | 2,12                   | 21.91                 | \$                    | N/A                              | -                 |     |

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| Deb     | or 1 _        | Lepage, Margot Marie   | _        | (              | Case number (if | known)      |             |                   |                |  |
|---------|---------------|--|----------|----------------|-----------------|-------------|-------------|-------------------|----------------|--|
|         |               |  |          |                | For Debtor 1    |             |             | Debtor 2          |                |  |
|         | Copy          | y line 4 here  | 4.       |                | \$ 2,12         | 21.91       | \$          |                   | N/A            | <u> </u>                                     |
| 5.      | List a        | all payroll deductions:  |          |                |                 |             |             |                   |                |  |
|         | 5a.           | Tax, Medicare, and Social Security deductions  | 5a       | ۱.             | \$ 44           | 10.34       | \$          |                   | N/A            | 1  |
|         | 5b.           | Mandatory contributions for retirement plans   | 5b       | ).             | \$              | 0.00        | \$          |                   | N/A            | <u> </u>                                     |
|         | 5c.           | Voluntary contributions for retirement plans   | 5c       | <b>:</b> .     | \$              | 0.00        | \$          |                   | N/A            |  |
|         | 5d.           | Required repayments of retirement fund loans   | 5d       | l.             | \$              | 0.00        | \$          |                   | N/A            | <u> </u>                                     |
|         | 5e.           | Insurance  | 5e       |                | \$              | 0.00        | \$_         |                   | N/A            | _  |
|         | 5f.           | Domestic support obligations   | 5f.      |                | \$              | 0.00        | * <u></u>   |                   | N/A            | _  |
|         | 5g.<br>5h.    | Union dues Other deductions. Specify:  | 5g<br>5h |                | \$              | 0.00        | * <u>*</u>  |                   | N/A            | _  |
| c       |               | · · · -  |          |                | · <del></del>   | 0.00        | · '-        |                   | N/A            | _  |
| 6.<br>- |               | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.       |                |                 | 10.34       | \$_         |                   | N/A            | _  |
| 7.      |               | ulate total monthly take-home pay. Subtract line 6 from line 4.  | 7.       |                | \$1,68          | 31.57       | \$          |                   | N/A            | <u>.                                    </u> |
| 8.      | List a<br>8a. | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total              |          |                |                 |             | •           |                   |                |  |
|         | 0.1           | monthly net income.  | 8a       |                | \$              | 0.00        | \$ <u> </u> |                   | N/A            | _  |
|         | 8b.<br>8c.    | Interest and dividends Family support payments that you, a non-filing spouse, or a dependent   | 8b       | ).             | \$              | 0.00        | \$_         |                   | N/A            | <u>\</u>                                     |
|         | 00.           | regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.   | 8c       |                | \$              | 0.00        | \$          |                   | N/A            | _  |
|         | 8d.           | Unemployment compensation  | 8d       |                | \$              | 0.00        | \$          |                   | N/A            |  |
|         | 8e.           | Social Security  | 8e       | <del>)</del> . | \$              | 0.00        | \$_         |                   | N/A            | <u>\</u>                                     |
|         | 8f.           | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  | 8f.      | _              | \$              | 0.00        | \$          |                   | N/A            |  |
|         | 8g.           | Pension or retirement income   | — 8g     | J.             | \$              | 0.00        | \$          |                   | N/A            | <u></u>                                      |
|         | 8h.           | Other monthly income. Specify: Contribution from fiance  | 8h       | 1.+            | \$40            | 00.00       | + \$_       |                   | N/A            | <u>\</u>                                     |
| 9.      | Add           | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.       | 9              | \$ <b>4</b> 0   | 00.00       | \$          |                   | N/             | A  |
| 10.     | Calc          | ulate monthly income. Add line 7 + line 9.   | 10.      | \$             | 2,081.57        | + \$        |             | N/A               | = \$           | 2,081.57                                     |
|         |               | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   |          | *-             | 2,001.01        | <b>┤</b> │Ť |             | -1471             |                | 2,001101                                     |
| 11.     | Include other | e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your defriends or relatives.  ot include any amounts already included in lines 2-10 or amounts that are not availify: | epende   |                | . •             | ,           |             | dule J.<br>11.    | +\$            | 0.00   |
| 12.     |               | the amount in the last column of line 10 to the amount in line 11. The rest at that amount on the Summary of Schedules and Statistical Summary of Certain  |          |                |                 |             |             | <sub>es</sub> 12. | \$             | 2,081.57                                     |
| 13.     | Do y          | ou expect an increase or decrease within the year after you file this form?  | ?        |                |                 |             |             |                   | Combi<br>month | ned<br>ly income                             |
|         |               | Yes. Explain: Debtor will be getting married on April 15, 2016 stamps or unemployment compensation. Debt yet received her first paystub. However, she w  | or re    | cer            | ntly started    | her n       | ew job      | at NIU            | ; she          | has not                                      |
|         |               | .,   |          |                |                 |             |             | <u>-</u>          |                |  |

Official Form 106I Schedule I: Your Income page 2

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| Debtor 1 | Lepage, Margot Marie | Case number (if known) |
|----------|----------------------|------------------------|
|          |                      |                        |

### Official Form B 6I Attachment for Additional Employment Information

| Debtor              |   |  |
|---------------------|---|--|
| Occupation          | Clerical                                      |  |
| Name of Employer    | NIU   |  |
| How long employed   | 1 months                                      |  |
| Address of Employer | 1425 W Lincoln Hwy<br>DeKalb, IL 60115-2828   |  |
| Debtor              |   |  |
| Occupation          | Cashier                                       |  |
| Name of Employer    | OscoDrug/Jewel                                |  |
| How long employed   | 5 months                                      |  |
| Address of Employer | 2501 W Grandview Rd<br>Phoenix, AZ 85023-3105 |  |

Official Form 106I Schedule I: Your Income page 3

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| Fill i       | n this information to identify your case:  |                            |         |                                      |   |
|--------------|--|----------------------------|---------|--------------------------------------|---|
| Debt         |  |                            | Che     | ck if this is:                       |   |
|              |  |                            |         | An amended filing                    |   |
| Debt<br>(Spo | or 2  use, if filing)  |                            |         | A supplement show expenses as of the | ing postpetition chapter 13 following date: |
| Unite        | ed States Bankruptcy Court for the: NORTHERN DISTRICT OF ILL WESTERN DIVISION  | LINOIS,                    | -       | MM / DD / YYYY                       |   |
| 1            | e number<br>nown)  |                            |         |                                      |   |
|              | ficial Form 106J   |                            |         |                                      |   |
|              | chedule J: Your Expenses   |                            |         |                                      | 12/1  |
| info         | as complete and accurate as possible. If two married people a<br>rmation. If more space is needed, attach another sheet to this<br>nown). Answer every question. |                            |         |                                      |   |
| Part<br>1.   | 1: Describe Your Household Is this a joint case?   |                            |         |                                      |   |
|              | ■ No. Go to line 2.  □ Yes. Does Debtor 2 live in a separate household?  |                            |         |                                      |   |
|              | ☐ No<br>☐ Yes. Debtor 2 must file Official Form 106J-2, Expense  | es for Separate Householdo | f Debto | r 2.                                 |   |
| 2.           | Do you have dependents? ■ No   |                            |         |                                      |   |
|              | Do not list Debtor 1 and Debtor 2. Sill out this information for each dependent  | •                          | nip to  | Dependent's age                      | Does dependent live with you?               |
|              | Do not state the   |                            |         |                                      | □ No  |
|              | dependents names.  |                            |         |                                      | ☐ Yes<br>☐ No                               |
|              |  |                            |         |                                      | ☐ Yes                                       |
|              |  |                            |         |                                      | □ No  |
|              |  |                            |         |                                      | Yes   |
|              |  |                            |         |                                      | □ No  |
| 3.           | Do your expenses include expenses of people other than yourself and your dependents? ■ No ☐ Yes  |                            |         |                                      | ☐ Yes                                       |
| Part         |  |                            |         |                                      |   |
| expe         | mate your expenses as of your bankruptcy filing date unless<br>enses as of a date after the bankruptcy is filed. If this is a sup<br>licable date.               |                            |         |                                      |   |
| valu         | ude expenses paid for with non-cash government assistance to f such assistance and have included it on Schedule I: You   |                            |         | Your exp                             | ansas                                       |
| (Offi        | icial Form 106I.)  |                            |         | Tour exp                             | C113C3                                      |
| 4.           | The rental or home ownership expenses for your residence. payments and any rent for the ground or lot.   | Include first mortgage     | 4. \$   | S                                    | 684.00                                      |
|              | If not included in line 4:   |                            |         |                                      |   |
|              | 4a. Real estate taxes  |                            | 4a. \$  | S                                    | 0.00  |
|              | 4b. Property, homeowner's, or renter's insurance   |                            | 4b. \$  |                                      | 0.00  |
|              | 4c. Home maintenance, repair, and upkeep expenses  |                            | 4c. \$  |                                      | 0.00  |
| 5            | 4d. Homeowner's association or condominium dues  Additional mortgage payments for your residence, such as h  | nome equity loans          | 4d. \$  |                                      | 122.00                                      |

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| Deptor 1         | Lepage, Margot Marie Cas   | e num   | ber (if known)    |                           |
|------------------|--|---------|-------------------|---------------------------|
| 5. Utilitie      | 25:  |         |                   |                           |
|                  | Electricity, heat, natural gas   | 6a.     | \$                | 150.00                    |
| 6b.              | Water, sewer, garbage collection   | 6b.     | \$                | 60.00                     |
| 6c.              | Telephone, cell phone, Internet, satellite, and cable services   | 6c.     | \$                | 190.00                    |
|                  | Other. Specify:  | 6d.     | \$                | 0.00                      |
|                  | and housekeeping supplies  | 7.      | \$                | 400.00                    |
|                  | care and children's education costs  | 8.      | \$                | 0.00                      |
|                  | ing, laundry, and dry cleaning   | 9.      | \$                | 25.00                     |
|                  | nal care products and services   | 10.     | \$                | 75.00                     |
|                  | cal and dental expenses  | 11.     | \$                |                           |
|                  | •  | 11.     | Ψ                 | 25.00                     |
|                  | portation. Include gas, maintenance, bus or train fare. t include car payments.  | 12.     | \$                | 150.00                    |
|                  | tainment, clubs, recreation, newspapers, magazines, and books  | 13.     | \$                | 50.00                     |
|                  | table contributions and religious donations  | 14.     | \$                | 0.00                      |
| 5. Insura        | •  | 17.     | Ψ                 | 0.00                      |
|                  | t include insurance deducted from your pay or included in lines 4 or 20.   |         |                   |                           |
|                  | Life insurance   | 15a.    | \$                | 0.00                      |
|                  | Health insurance   | 15b.    |                   | 0.00                      |
|                  | Vehicle insurance  | 15c.    | \$                | 86.00                     |
|                  | Other insurance. Specify:  | 15d.    |                   | 0.00                      |
|                  | b. Do not include taxes deducted from your pay or included in lines 4 or 20.   | iou.    | Ψ                 | 0.00                      |
| Specif           | ý;   | 16.     | \$                | 0.00                      |
|                  | Iment or lease payments: Car payments for Vehicle 1  | 17a.    | ¢                 | 0.00                      |
|                  | • •  |         |                   | 0.00                      |
|                  | Car payments for Vehicle 2   | 17b.    | \$                | 0.00                      |
|                  | Other. Specify:  | 17c.    | \$                | 0.00                      |
|                  | Other. Specify:  | 17d.    | \$                | 0.00                      |
|                  | payments of alimony, maintenance, and support that you did not report as   | 18.     | \$                | 0.00                      |
|                  | cted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  payments you make to support others who do not live with you. | 10.     | \$                | 0.00                      |
| Specif           |  | 19.     | Ψ                 | 0.00                      |
|                  | real property expenses not included in lines 4 or 5 of this form or on Schedule  | _       | r Income.         |                           |
|                  | Mortgages on other property  | 20a.    |                   | 0.00                      |
|                  | Real estate taxes  | 20b.    | \$                | 0.00                      |
|                  | Property, homeowner's, or renter's insurance   | 20c.    |                   | 0.00                      |
|                  | Maintenance, repair, and upkeep expenses   | 20d.    |                   | 0.00                      |
|                  | Homeowner's association or condominium dues  | 20a.    | \$                | 0.00                      |
|                  |  | 21.     | ·                 |                           |
| 1. Other         | : Specify:   | ۷1.     | <del>-</del> φ    | 0.00                      |
| 2. Calcu         | late your monthly expenses   |         |                   |                           |
| 22a. <i>F</i>    | Add lines 4 through 21.  |         | \$                | 2,017.00                  |
| 22b. (           | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  |         | \$                | •                         |
| 22c. A           | dd line 22a and 22b. The result is your monthly expenses.  |         | \$                | 2,017.00                  |
|                  |  |         |                   | 2,017.00                  |
|                  | late your monthly net income.  |         |                   |                           |
|                  | Copy line 12 (your combined monthly income) from Schedule I.   | 23a.    |                   | 2,081.57                  |
| 23b.             | Copy your monthly expenses from line 22c above.  | 23b.    | -\$               | 2,017.00                  |
| 23c.             | Subtract your monthly expenses from your monthly income.   | 00      | <b>.</b>          | 64.57                     |
|                  | The result is your monthly net income.   | 23c.    | \$                | 64.57                     |
| .4. <b>Do yo</b> | u expect an increase or decrease in your expenses within the year after you file   | this f  | orm?              |                           |
| For exa          | ample, do you expect to finish paying for your car loan within the year or do you expect your mor<br>ation to the terms of your mortgage?  | tgage p | payment to increa | se or decrease because of |
|                  |  |         |                   |                           |
| ■ No             |  |         |                   |                           |

|  |  |  |  | - 10  |
|--|--|--|--|---|
| Fill in this inform                                      | ation to identify your                   | case:  |  |   |
| Debtor 1   | Margot Marie Lep                         | oage   |  |   |
|  | First Name                               | Middle Name  | Last Name  | <del>-</del> }  |
| Debtor 2<br>(Spouse if, filing)                          | First Name                               | Middle Name  | Last Name  | _   |
|  | 10 10 10 10 10 10 10 10 10 10 10 10 10 1 |  |  |   |
| United States Ban  | kruptcy Court for the:                   | NORTHERN DISTRICT OF IL  | LLINOIS, WESTERN DIVISION  | _ \   |
| Case number  |  |  |  |   |
| (if known)   |  |  |  | ☐ Check if this is an   |
| <del></del>  |  |  |  | amended filing  |
|  |  |  |  |   |
| Official Form  | 106Dec                                   |  |  |   |
|  |  | n Individual D   | abtarla Cabadula   |   |
| Declarati  | on About a                               | in maividual De  | ebtor's Schedule   | 12/15   |
| If two married nec                                       | nle are filing together                  | hoth are equally reconneible   | for supplying correct information  | •   |
|  |  |  |  |   |
| You must file this                                       | form whenever you fil                    | le bankruptcy schedules or am  | nended schedules. Making a false   | statement, concealing property, or  |
| years, or both. 18                                       | U.S.C. §§ 152, 1341, 1                   | i connection with a bankruptcy<br>519, and 3571.                     | y case can result in fines up to \$2   | 250,000, or imprisonment for up to 20   |
|  |  | -ternada • oca na maninina da esta esta esta esta esta esta esta est |  |   |
|  |  |  |  |   |
| Sign   | Below                                    |  |  |   |
|  |  | 127 727 19640  | 2 2 27   |   |
| Did you pay  | or agree to pay some                     | one who is NOT an attorney to  | help you fill out bankruptcy forn  | ns?   |
| ■ No   |  |  |  |   |
| A TOTAL CONTRACT OF THE                                  | <b>-</b>                                 |  |  |   |
| ☐ Yes. N   | ame of person                            |  |  | ch Bankruptcy Petition Preparer's Notice,<br>claration, and Signature (Official Form 119) |
|  |  |  | 200  | maranan, and eighting (emater) and (10)   |
| l lador assolt   | af marium. I danlara                     | that I have used the summer.   | and askedulas filed with this decision   |   |
| that they are  | true and correct.                        | that I have read the summary a                                       | and schedules filed with this dec  | iaration and  |
| - 1 4.24 47.25 - 47.45 27.45 <del>- 1</del> .47.57 17.49 |  | mixAdama   | and the second s |   |
|  | ot Marie Lepage 🕖                        | 10019 1119   | X  |   |
|  | Marie Lepage<br>e of Debtor 1            |  | Signature of Debtor 2  |   |
| o.g.iatare   | T  | 5/a/11/2   |  |   |
| Date N   | lay 9, 2016                              | 0/1/14   | Date   |   |

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| Fill in this Information to identify your case:   |   |
|---|---|
| Debtor 1 Margot Marie Lepage  |   |
| First Name Middle Name Last Name ) Debtor 2   |   |
| (Spouse if, filing) First Name Middle Name Last Name  |   |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS, WESTERN DIVISION   |   |
| Case number   |   |
| (if known) Check if amende  |   |
|   | cu ming   |
| Official Form 107   |   |
| Statement of Financial Affairs for Individuals Filing for Bankruptcy  | 4/1   |
| Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying coinformation. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name a (if known). Answer every question.   | orrect<br>and case number                         |
| Part 1: Give Details About Your Marital Status and Where You Lived Before   |   |
| 1. What is your current marital status?   |   |
| ☐ Married   |   |
| ■ Not married   |   |
| 2. During the last 3 years, have you lived anywhere other than where you live now?  |   |
| □ No  |   |
| Yes. List all of the places you lived in the last 3 years. Do not include where you live now.   |   |
|   | tes Debtor 2<br>ed there                          |
|   | Same as Debtor 1<br>om-To:                        |
| 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Comstates and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).  Part 2 Explain the Sources of Your Income |   |
| 4. Did you have any income from employment or from operating a business during this year or the two previous calendar year. Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.                                     | ars?  |
| □ No ■ Yes. Fill in the details.  |   |
|   |   |
| Debtor 1 Debtor 2  Sources of income Gross income Sources of income Gro   | roon Inno   |
| Check all that apply. (before deductions and Check all that apply. (be  | ross income<br>efore deductions<br>ad exclusions) |
| From January 1 of current year until the date you filed for bankruptcy:  Wages, commissions, bonuses, tips  Wages, commissions, bonuses, tips   |   |
| ☐ Operating a business ☐ Operating a business   |   |

Official Form 107

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| Debtor 1 Le                            | epage, Margot Marie  | <u> </u>  | Casi   | e number (if known)                              |   |
|--|--|---|--|--|---|
|  |  |   |  |  |   |
|  |  | Debtor 1  |  | Debtor 2   |   |
|  |  | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions)  | Sources of Income<br>Check all that apply.       | Gross Income<br>(before deductions<br>and exclusions) |
| For last caler<br>(January 1 to        | ndar year:<br>December 31, 2015 )  | ■ Wages, commissions, bonuses, tips   | \$26,979.00  | ☐ Wages, commissions, bonuses, tips              |   |
|  |  | ☐ Operating a business  |  | ☐ Operating a business                           |   |
|  | dar year before that:<br>December 31, 2014 )   | ■ Wages, commissions, bonuses, tips   | \$35,192.00  | ☐ Wages, commissions, bonuses, tips              |   |
|  |  | ☐ Operating a business  |  | ☐ Operating a business                           |   |
| Include in<br>other pub<br>you are fil | come regardless of wheth<br>lic benefit payments; pens<br>ing a joint case and you h | the during this year or the two<br>her that income is taxable. Exam-<br>sions; rental income; interest; di<br>ave income that you received to<br>tome from each source separate | ples of other income are alim-<br>vidends; money collected from<br>gether, list it only once under I | lawsuits; royalties; and gambli<br>Debtor 1.     |   |
| ■ Yes.                                 | Fill in the details.   |   |  |  |   |
|  |  | Debtor 1<br>Sources of Income<br>Describe below.  | Gross income from each source (before deductions and exclusions)                                     | Debtor 2<br>Sources of Income<br>Describe below. | Gross income<br>(before deductions<br>and exclusions) |
|  | y 1 of current year until<br>filed for bankruptcy:                                   | Unemployment<br>Compensation  | \$3,389.00   |  |   |
|  |  | Food Stamps   | \$438.00   |  |   |
| For last cale                          | ndar year:<br>December 31, 2015 )  | IRA Distribution  | \$2,706.00   | 2 2  |   |
|  |  | Unemployment<br>Compensation  | \$5,037.00   |  |   |
|  |  | Food Stamps   | \$438.00   |  |   |
|  |  |   |  |  |   |
| Part 3: Lis                            | st Certain Payments Yo   | u Made Before You Filed for   | Bankruptcy   |  |   |
| 6. Are eithe ☐ No.                     | Neither Debtor 1 nor   | 2's debts primarily consumer<br>Debtor 2 has primarily consu<br>a personal, family, or household  | ımer debts. Consumer debts   | are defined in 11 U.S.C. § 101                   | (8) as "incurred by an                                |
|  | During the 90 days bef   | ore you filed for bankruptcy, did   | I you pay any creditor a total of  | \$6,425* or more?                                |   |
|  | ☐ No. Go to line   | 7.  |  |  |   |
|  | creditor. I<br>payments  | each creditor to whom you paid<br>to not include payments for do<br>to an attorney for this bankrupte   | mestic support obligations, su<br>cy case.   | ich as child support and alimo                   |   |
|  | Subject to adjustmen   | nt on 4/01/19 and every 3 years   | after that for cases filed on or   | arter the date of adjustment.                    |   |

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| Debtor 1 Lepage, Margot Marie |  |                                      |                         |  | Case number(if known) |                         |  |     |
|-------------------------------|--|--------------------------------------|-------------------------|--|-----------------------|-------------------------|--|-----|
|                               |  |                                      |                         |  |                       |                         |  |     |
|                               | ■ Yes.   |                                      |                         | ve primarily consumer deb<br>d for bankruptcy, did you pay a   |                       | \$600 or more?          |  |     |
|                               |  | □ No. Go to line 7.                  |                         |  |                       |                         |  |     |
|                               | Yes List below each cred   |                                      |                         | itor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include tic support obligations, such as child support and alimony. Also, do not include payments to an attorney for a. |                       |                         |  |     |
|                               | Creditor   | 's Name and                          | i Address               | Dates of payment   | Total amount paid     | Amount you still owe    | Was this payment for   |     |
|                               | PO BO  | nird Bank<br>X 630412<br>nati, OH 45 | 5263-0412               | Monthly mortgage payments  | \$2,052.00            | \$71,896.00             | ■ Mortgage □ Car □ Credit Card □ Loan Repayment □ Suppliers or vendors □ Other |     |
| 7.                            | Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?  Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. |                                      |                         |  |                       |                         |  |     |
|                               | ■ No   |                                      |                         |  |                       |                         |  |     |
|                               | Yes. List all payments to an insider.  |                                      |                         |  |                       |                         |  |     |
|                               | Insider's  | Name and                             | Address                 | Dates of payment   | Total amount paid     | Amount you<br>still owe | Reason for this payment  |     |
| 8.                            | Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider.  No  |                                      |                         |  |                       |                         |  |     |
|                               | ☐ Yes.   | List all payn                        | nents to an insider     |  |                       |                         |  |     |
|                               | Insider's  | Name and                             | Address                 | Dates of payment   | Total amount paid     | Amount you<br>still owe | Reason for this payment<br>include creditor's name                             |     |
| Pa                            | 14: Ide  | ntify Legal                          | Actions, Repossessio    | ns, and Foreclosures   |                       |                         |  |     |
| 9.                            | Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?  List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.   |                                      |                         |  |                       |                         |  |     |
|                               | ■ No<br>□ Yes  | . Fill in the d                      | etails.                 |  |                       |                         |  |     |
|                               | Case tit   | 177                                  |                         | Nature of the case   | Court or agency       |                         | Status of the case   |     |
| 10.                           | Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.   |                                      |                         |  |                       |                         |  |     |
|                               | <u> </u>   | Go to line 1:                        | l.<br>formation below.  |  |                       |                         |  |     |
|                               |  | Name and                             |                         | Describe the Property  |                       | Date                    | Value of   |     |
|                               |  |                                      |                         | Explain what happened  | P                     |                         | prope  | rty |
| 11.                           | Within 9   | days before                          | re you filed for bankru | ptcy, did any creditor, incl   | uding a bank or fina  | ncial institution,      | set off any amounts from your  |     |

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| 1 Lepage, Margot Marie  | 50-45 C0VCD-01000-1000-04-0   | r (if known)  |   |
|---|---|---|---|
|   |   |   |   |
| counts or refuse to make a payment be   | ecause you owed a debt?   |   |   |
| No  |   |   |   |
| Yes. Fill in the details.   |   |   |   |
| reditor Name and Address  | Describe the action the creditor took   | Date action was<br>taken  | Amount  |
| thin 1 year before you filed for bankru<br>urt-appointed receiver, a custodian, or  | ptcy, was any of your property in the possession of an a  | assignee for the benefi   | t of creditors, a   |
| anteriore de <del>la pla</del> nte accesar a contrata de la companie de la contrata de la contrata de la contrata de la comp<br>El 1980   |   |   |   |
| Yes   |   |   |   |
| List Certain Gifts and Contribution   | s   |   |   |
| \$ \\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \   | uptcy, did you give any gifts with a total value of more t  | han \$600 per person?   |   |
|   |   |   |   |
| ifts with a total value of more than \$60   | 0 per Describe the gifts  | Dates you gave  | Value   |
| erson to Whom You Gave the Gift and   |   | <b>3</b>  |   |
|   | uptev. did you give any gifts or contributions with a tota  | al value of more than \$6   | 500 to any charity?   |
| No  |   | · · · · · · · · · · · · · · · · · · ·   | ,, .  |
| 180   |   | Detec very  | Malua   |
|   | otal Describe what you contributed  | contributed   | Value   |
|   | e)  |   |   |
| ddress (Number, Street, City, State and ZIP Cod<br>List Certain Losses  | e)  |   |   |
| ddress (Number, Street, City, State and ZIP Cod List Certain Losses   | e)<br>ptcy or since you filed for bankruptcy, did you lose any  | thing because of theft,   | fire, other disaster,   |
| ddress (Number, Street, City, State and ZIP Cod List Certain Losses ithin 1 year before you filed for bankru gambling?  |   | thing because of theft,   | fire, other disaster,   |
| ddress (Number, Street, City, State and ZIP Cod List Certain Losses ithin 1 year before you filed for bankru gambling? No   |   | thing because of theft,   | fire, other disaster,   |
| ddress (Number, Street, City, State and ZIP Cod List Certain Losses ithin 1 year before you filed for bankru gambling?  No Yes. Fill in the details.  | ptcy or since you filed for bankruptcy, did you lose any  |   |   |
| ddress (Number, Street, City, State and ZIP Cod List Certain Losses ithin 1 year before you filed for bankru gambling? No   |   | thing because of theft,<br>Date of your<br>loss   | fire, other disaster,  Value of property lost   |
| ddress (Number, Street, City, State and ZIP Cod List Certain Losses ithin 1 year before you filed for bankru gambling?  No Yes. Fill in the details. escribe the property you lost and  | ptcy or since you filed for bankruptcy, did you lose any  Describe any insurance coverage for the loss  Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.   | Date of your  | Value of property   |
| List Certain Losses  ithin 1 year before you filed for bankru gambling?  No Yes. Fill in the details. escribe the property you lost and ow the loss occurred  List Certain Payments or Transfers ithin 1 year before you filed for bankru   | ptcy or since you filed for bankruptcy, did you lose any  Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  S  ptcy, did you or anyone else acting on your behalf pay preparing a bankruptcy petition?  | Date of your<br>loss<br>or transfer any propert   | Value of property<br>lost   |
| List Certain Losses  ithin 1 year before you filed for bankru gambling?  No Yes. Fill in the details. escribe the property you lost and ow the loss occurred  List Certain Payments or Transfers ithin 1 year before you filed for bankru   | ptcy or since you filed for bankruptcy, did you lose any  Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  | Date of your<br>loss<br>or transfer any propert   | Value of property<br>lost   |
| List Certain Losses  ithin 1 year before you filed for bankru gambling?  No Yes. Fill in the details. escribe the property you lost and ow the loss occurred  List Certain Payments or Transfers ithin 1 year before you filed for bankru insulted about seeking bankruptcy or policide any attorneys, bankruptcy petition process.   | ptcy or since you filed for bankruptcy, did you lose any  Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  S  ptcy, did you or anyone else acting on your behalf pay preparing a bankruptcy petition?  | Date of your<br>loss<br>or transfer any propert   | Value of property<br>lost   |
| List Certain Losses  ithin 1 year before you filed for bankru gambling?  No Yes. Fill in the details. escribe the property you lost and ow the loss occurred  List Certain Payments or Transfers ithin 1 year before you filed for bankru insulted about seeking bankruptcy or poliude any attorneys, bankruptcy petition property.  No Yes. Fill in the details. erson Who Was Paid address imail or website address   | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Septcy, did you or anyone else acting on your behalf pay preparing a bankruptcy petition?  Reparers, or credit counseling agencies for services required in transferred.  | Date of your<br>loss<br>or transfer any propert   | Value of property<br>lost<br>y to anyone you<br>Amount of   |
| List Certain Losses  ithin 1 year before you filed for bankru gambling?  No Yes. Fill in the details. escribe the property you lost and ow the loss occurred  List Certain Payments or Transfers ithin 1 year before you filed for bankru ensulted about seeking bankruptcy or policide any attorneys, bankruptcy petition property.  No Yes. Fill in the details. erson Who Was Pald   | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Septcy, did you or anyone else acting on your behalf pay preparing a bankruptcy petition?  Reparers, or credit counseling agencies for services required in transferred.  | Date of your loss or transfer any propert n your bankruptcy.  Date payment or transfer was  | Value of property<br>lost   |
| List Certain Losses  ithin 1 year before you filed for bankru gambling?  No Yes. Fill in the details. escribe the property you lost and ow the loss occurred  List Certain Payments or Transfers ithin 1 year before you filed for bankru ensulted about seeking bankruptcy or polude any attorneys, bankruptcy petition property.  No Yes. Fill in the details. erson Who Was Pald address erson Who Made the Payment, if Not Yes arian Wright & Associates, P.C. 37 West State Street Suite 101 | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.  Septcy, did you or anyone else acting on your behalf pay preparing a bankruptcy petition?  Reparers, or credit counseling agencies for services required in transferred.  | Date of your loss or transfer any propert n your bankruptcy.  Date payment or transfer was made  December   | Value of property<br>lost<br>y to anyone you<br>Amount of<br>payment  |
|   | No Yes. Fill in the details. reditor Name and Address  ithin 1 year before you filed for bankrup ourt-appointed receiver, a custodian, or No Yes  List Certain Gifts and Contribution ithin 2 years before you filed for bankrup No Yes. Fill in the details for each gift. Sifts with a total value of more than \$60 erson  verson to Whom You Gave the Gift and address:  ithin 2 years before you filed for bankrup No Yes. Fill in the details for each gift or contributions to charities that the ore than \$600 | Yes. Fill in the details.  Treditor Name and Address  Describe the action the creditor took  Inthin 1 year before you filed for bankruptcy, was any of your property in the possession of an aburt-appointed receiver, a custodian, or another official?  No Yes  List Certain Gifts and Contributions  Ithin 2 years before you filed for bankruptcy, did you give any gifts with a total value of more to the No Yes. Fill in the details for each gift.  Ithin 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per Describe the gifts erson to Whom You Gave the Gift and address:  Ithin 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total No Yes. Fill in the details for each gift or contribution.  Ithin 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total No Yes. Fill in the details for each gift or contribution.  Ithin 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total No Yes. Fill in the details for each gift or contribution.  Ithin 3 years before you filed for bankruptcy, did you give any gifts or contributions with a total No Yes. Fill in the details for each gift or contribution.  Ithin 3 years before you filed for bankruptcy, did you give any gifts or contributions with a total No | No Yes. Fill in the details.  reditor Name and Address  Describe the action the creditor took  Date action was taken  ithin 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit ourt-appointed receiver, a custodian, or another official?  No Yes  List Certain Gifts and Contributions  ithin 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?  No Yes. Fill in the details for each gift.  Sifts with a total value of more than \$600 per Describe the gifts  Person to Whom You Gave the Gift and address:  Ithin 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 years of the gifts.  Sifts or contributions to charities that total Describe what you contributed  Dates you contributed |

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| Del | btor 1 Lepage, Margot Marie   |  | Ca  | se number (if known)                                    |  |
|-----|---|--|---|---|--|
|     |   |  |   |   |  |
| 17. | Within 1 year before you filed for bankruptcy<br>promised to help you deal with your creditor<br>Do not include any payment or transfer that you  | rs or to make payment                                |   | half pay or transfer any propert                        | y to anyone who                            |
|     | ■ No  |  |   |   |  |
|     | ☐ Yes. Fill in the details.   |  |   |   |  |
|     | Person Who Was Pald<br>Address  | Description and transferred                          | value of any propert  | y Date payment or<br>transfer was<br>made               | Amount of<br>payment                       |
| 18. | Within 2 years before you filed for bankruptout transferred in the ordinary course of your build like both outright transfers and transfers maggifts and transfers that you have already listed on No | usiness or financial af<br>de as security (such as t | fairs?  |   |  |
|     | Yes. Fill in the details.   |  |   |   |  |
|     | Person Who Received Transfer<br>Address   | Description and property transfe                     |   | Describe any property or payments received or debts     | Date transfer was made                     |
|     | Person's relationship to you  |  |   | paid in exchange  |  |
| 19. | Within 10 years before you filed for bankrup beneficiary? (These are often called asset-prof  |  | ny property to a self-                                      | settled trust or similar device o                       | f which you are a                          |
|     | Yes. Fill in the details.   |  |   |   |  |
|     | Name of trust   | Description and                                      | I value of the property                                     | y transferred   | Date Transfer was                          |
|     |   | **   | 35907 - 494 - 3,0   | 50  | made                                       |
| Pa  | rt 8: List of Certain Financial Accounts, Ins   | struments, Safe Depos                                | it Boxes, and Storage                                       | Units   |  |
| 20. | Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, o houses, pension funds, cooperatives, assoc No                                   | r other financial accou                              | ınts; certificates of de                                    |   |  |
|     | Yes. Fill in the details.   |  |   |   |  |
|     | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)  | Last 4 digits of account number                      | Type of account instrument                                  | or Date account was closed, sold, moved, or transferred | Last balance before<br>closing or transfer |
|     | DeKalb Forge  | xxxx-  | ☐ Checking ☐ Savings ☐ Money Market ☐ Brokerage ■ Other IRA | December 2015   | \$0.00                                     |
|     |   |  |   |   |  |
| 21. | Do you now have, or did you have within 1 y cash, or other valuables?   | year before you filed fo                             | or bankruptcy, any sa                                       | fe deposit box or other deposit                         | ory for securities,                        |
|     | No Yes. Fill in the details.  |  |   |   |  |
|     | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)   | Who else had a<br>Address (Number<br>and ZIP Code)   |   | scribe the contents                                     | Do you still have it?                      |

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| Del     | otor 1      | Lepage, Margot Marie   |  | Case number(if known)               |                            |
|---------|-------------|--|--|-------------------------------------|----------------------------|
| 252     | 00          |  |  |                                     |                            |
| 22.     | Have        | you stored property in a storage unit or pla   | ce other than your home within 1 y   | ear before you filed for bankrupto  | y?                         |
|         |             | No   |  |                                     |                            |
|         |             | Yes. Fill in the details.  |  |                                     |                            |
|         | 1           | ne of Storage Facility<br>iress (Number, Street, City, State and ZIP Code)   | Who else has or had access<br>to it?<br>Address (Number, Street, City, State | Describe the contents               | Do you still have it?      |
| Par     | <b>+</b> 0. | Identify Property You Hold or Control for S  | and ZIP Code)  |                                     |                            |
| LEGI    | t 9:        | Identity Property You Hold of Control for S  | Someone Eise   |                                     |                            |
| 23.     |             | ou hold or control any property that someor<br>eone.   | ne else owns? Include any property   | / you borrowed from, are storing f  | or, or hold in trust for   |
|         |             | No   |  |                                     |                            |
|         |             | Yes. Fill in the details.  |  |                                     |                            |
|         | NEW SERVICE | ner's Name<br>Iress (Number, Street, City, State and ZIP Code)   | Where is the property?<br>(Number, Street, City, State and ZIP<br>Code)      | Describe the property               | Value                      |
| Pa      | rt 10:      | Give Details About Environmental Informa   | tion   |                                     |                            |
| For     | the p       | urpose of Part 10, the following definitions a   | pply:  |                                     |                            |
|         | toxic       | ironmental law means any federal, state, or less substances, wastes, or material into the air rolling the cleanup of these substances, was | , land, soil, surface water, groundv<br>stes, or material.                   | vater, or other medium, including s | tatutes or regulations     |
|         |             | means any location, facility, or property as o<br>, operate, or utilize it, including disposal site  |  | iw, whether you now own, operate    | , or utilize it or used to |
|         |             | ardous material means anything an environn<br>arial, pollutant, contaminant, or similar term.  |  | waste, hazardous substance, toxic   | substance, hazardous       |
| Rep     | ort al      | I notices, releases, and proceedings that you  | u know about, regardless of when t   | they occurred.                      |                            |
| 24.     | Has         | any governmental unit notified you that you  | may be liable or potentially liable  | under or in violation of an environ | mental law?                |
|         |             | No   |  |                                     |                            |
|         |             | Yes. Fill in the details.  |  |                                     |                            |
|         |             | ne of site<br>Iress (Number, Street, City, State and ZIP Code)   | Governmental unit<br>Address (Number, Street, City, State an<br>ZIP Code)    | Environmental law, if you know it   | Date of notice             |
| 25.     | Have        | you notified any governmental unit of any  | release of hazardous material?   |                                     |                            |
|         |             | No   |  |                                     |                            |
|         |             | Yes. Fill in the details.  |  |                                     |                            |
|         | 1000000     | ne of site<br>dress (Number, Street, City, State and ZIP Code)   | Governmental unit<br>Address (Number, Street, City, State an<br>ZIP Code)    | Environmental law, if you know it   | Date of notice             |
| 26.     | Have        | e you been a party in any judicial or adminis  | trative proceeding under any envir   | onmental law? Include settlement    | s and orders.              |
|         |             | No<br>Yes. Fill in the details.  |  |                                     |                            |
|         | Cas         | se Title   | Court or agency  | Nature of the case                  | Status of the              |
|         | Cas         | se Number  | Name<br>Address (Number, Street, City, State<br>and ZIP Code)                |                                     | case                       |
| Pa      | rt 11:      | Give Details About Your Business or Conr   | nections to Any Business   |                                     |                            |
| 27.     | With        | in 4 years before you filed for bankruptcy, d  | lid you own a business or have any   | of the following connections to a   | nv business?               |
| aprile) | C306775     | ☐ A sole proprietor or self-employed in a tr   |  |                                     | .,                         |
|         |             | ☐ A member of a limited liability company  |  |                                     |                            |
| Offic   | ial For     | M229   | of Financial Affairs for Individuals Filing                                  | T 10 T 10 10 10 T 10                | page (                     |

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| Debt                     | or 1                | Lepage, Margot Marie   |   | Case number(if known)  |
|--------------------------|---------------------|--|---|--|
|                          |                     |  | -   |  |
|                          |                     | ☐ A partner in a partnership   |   |  |
|                          |                     | ☐ An officer, director, or managing exe  | ecutive of a corporation  |  |
|                          |                     | ☐ An owner of at least 5% of the voting  | or equity securities of a corporation   |  |
| 1                        |                     | No. None of the above applies. Go to P   | art 12.   |  |
| ı                        |                     | Yes. Check all that apply above and fill   |   |  |
|                          | -                   | siness Name  | Describe the nature of the business   | Employer Identification number   |
|                          | 70.77               | dress nber, Street, City, State and ZIP Code)  | Name of accountant or bookkeeper  | Do not include Social Security number or ITIN.   |
|                          |                     |  | •   | Dates business existed   |
| 28. \<br>i               | With<br>Insti       | nin 2 years before you filed for bankrupt<br>litutions, creditors, or other parties.                                 | cy, did you give a financial statement to   | o anyone about your business? Include all financial  |
| 3                        |                     | No   |   |  |
|                          |                     | Yes. Fill in the details below.  |   |  |
|                          | Nar                 | ne<br>dress  | Date Issued   |  |
|                          | 7000000             | nber, Street, City, State and ZIP Code)  |   |  |
| Part                     | 12:                 | Sign Below   |   |  |
| true a<br>bank<br>18 U.: | and<br>rupt<br>S.C. | correct. I understand that making a false cy case can result in fines up to \$250,00 . §§ 152, 1341, 1519, and 3571. | e statement, concealing property, or ob<br>0, or imprisonment for up to 20 years, o | I I declare under penalty of perjury that the answers are taining money or property by fraud in connection with a or both. |
| Mar                      | got                 | : Marie Lepage   | Signature of Debtor 2   |  |
| Date                     |                     | May 9, 2016 5/9/16   | Date  |  |
| Did y<br>■ No<br>□ Ye    | )                   | attach additional pages to Your Stateme.   | nt of Financial Affairs for Individuals Fi  | ling for Bankruptcy (Official Form 107)?   |
| Did y<br>■ No            |                     | pay or agree to pay someone who is not   | an attorney to help you fill out bankrup  | otcy forms?  |
| □ Ye                     | s. N                | Name of Person . Attach the Bankrui  | otcy Petition Preparer's Notice, Declaration  | and Signature (Official Form 119).   |

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| Fill in this inform                    | nation to identify your                              | case:  |  |  |
|--|--|--|--|--|
| Debtor 1                               | Margot Marie Le                                      | page   |  |  |
|  | First Name   | Middle Name  | Last Name  |  |
| Debtor 2<br>(Spouse if, filing)        | First Name   | Middle Name  | Last Name  |  |
| United States Bar                      | nkruptcy Court for the:                              | NORTHERN DIST  | FRICT OF ILLINOIS, WESTERN DIVISION  |  |
|  | ,  |  |  |  |
| Case number<br>(if known)              |  |  |  | ☐ Check if this is an<br>amended filing                                  |
| Official Fo                            | rm 108   |  |  |  |
| Statemer                               | nt of Intentio                                       | n for Indiv  | viduals Filing Under Chapte  | er 7 12/15   |
|  | vidual filing under cha                              |  | out this form if:  |  |
|  | e claims secured by yo<br>ed personal property a     |  | * avalend  |  |
| You must file this                     | s form with the court w<br>ver is earlier, unless th | ithin 30 days after y  | rou file your bankruptcy petition or by the date set f<br>time for cause. You must also send copies to the c   |  |
|  | ople are filing together<br>e the form.              | in a joint case, boti  | n are equally responsible for supplying correct info   | rmation. Both debtors must sign  |
|  | nd accurate as possib<br>our name and case nun       |  | needed, attach a separate sheet to this form. On the   | top of any additional pages,   |
| Part 1: List Yo                        | our Creditors Who Hav                                | a Sacurad Claims   |  |  |
|  |  |  |  |  |
| information be                         | low.   |  | Creditors Who Have Claims Secured by Property (  | Official Form 106D), fill in the   |
| Identify the cre                       | editor and the property t                            | hat is collateral  | What do you intend to do with the property that secures a debt?  | Did you claim the property<br>as exempt on Schedule C?                   |
| ************************************** |  | and the second s | MBBB 200 F TO THE THE TOTAL TO THE TOTAL STATE OF T |  |
| Creditor's F                           | ifth Third Bank                                      |  | ☐ Surrender the property.  | □ No   |
| name:                                  |  |  | Retain the property and redeem it.   |  |
| Description of                         | 1542 Timberwood                                      | Court.   | Retain the property and enter into a Reaffirmation   | ■ Yes  |
| property                               | Sycamore, IL 601                                     |  | Agreement.  Retain the property and [explain]:   |  |
| securing debt:                         |  |  |  | _  |
| Creditor's F                           | ord Motor Credit                                     |  | ☐ Surrender the property.  | □ No   |
| name:                                  |  |  | Retain the property and redeem it.   | <b>.</b>   |
| Description of                         | 2011 Ford Fusion                                     |  | Retain the property and enter into a Reaffirmation<br>Agreement.   | Yes  |
| property                               |  |  | Retain the property and [explain]:   |  |
| securing debt:                         |  |  | 50 10 80 50 50 000 0000  |  |
| Part 2: List Yo                        | our Unexpired Persona                                | l Property Leases  |  |  |
| the information b                      | elow. Do not list real e                             | state leases. Unexp  | n Schedule G: Executory Contracts and Unexpired<br>ired leases are leases that are still in effect; the leas<br>ustee does not assume it. 11 U.S.C. § 365(p)(2).   | Leases (Official Form 106G), fill in<br>se period has not yet ended. You |
| Describe your u                        | nexpired personal pro                                | perty leases   | į.   | Will the lease be assumed?   |
| Lessor's name:                         |  |  | 3  |  |
| Official Form 109                      |  | Ctatamant of In  | tention for Individuals Elling Under Chanter 7   |  |

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| Debtor 1 Lepage, Margot Marie   | Case number (if known)   |
|---|--|
| Description of leased Property:   | □ No   |
| Lessor's name: Description of leased Property:  | □ No □ Yes   |
| Lessor's name: Description of leased Property:  | □ No □ Yes   |
| Lessor's name: Description of leased Property:  | □ No □ Yes   |
| Lessor's name: Description of leased Property:  | □ No □ Yes   |
| Lessor's name: Description of leased Property:  | □ No □ Yes   |
| Lessor's name: Description of leased Property:  | □ No □ Yes   |
| Part 3: Sign Below  |  |
| Under penalty of perjury, I declare that I have indicated my intention aboreoperty that is subject to an unexpired lease. | out any property of my estate that secures a debt and any personal |
| X /s/ Margot Marie Lepage Margot Marie Lepage Signature of Debtor 1   | X Signature of Debtor 2  |
| Date May 9, 2016 5/9/16   | Date   |

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### United States Bankruptcy Court Northern District of Illinois, Western Division

| IN RE:                          |                                       | Case                  | No                           |     |
|---------------------------------|---------------------------------------|-----------------------|------------------------------|-----|
| Lepage, Margot Marie            |                                       | Cha                   | oter 7                       |     |
|                                 | Debtor(s)                             |                       |                              |     |
|                                 | VERIFICATION OF CRED                  | ITOR MATRIX           |                              |     |
|                                 |                                       |                       | Number of Creditors          | 23  |
| The above-named Debtor(s) hereb | y verifies that the list of creditors | s true and correct to | the best of my (our) knowled | ge. |
| Date: May 9, 2016 5/9/16        | /s/ MULTY<br>Debtor                   | ng                    |                              |     |
|                                 | Joint Debtor                          |                       |                              |     |

Berkley Vacation Resorts, Inc. 3015 N. Ocean Blvd. Ft. Lauderdale, FL 33308-7300

Cap1/bstby
50 NW Point Blvd
Elk Grove Village, IL 60007-1032

Capital One Attn: Bankruptcy PO Box 30285 Salt Lake City, UT 84130-0285

Capital One Bank USA N 15000 Capital One Dr Richmond, VA 23238-1119

Citibank/Best Buy PO Box 30285 Salt Lake City, UT 84130-0285

Comenity Bank/Maurices PO Box 182125 Columbus, OH 43218-2125

Comenity Bank/Maurices PO Box 182789 Columbus, OH 43218-2789 Comenity Bank/Vctrssec PO Box 182789 Columbus, OH 43218-2789

Comenity Bank/Victorias Secret PO Box 182125 Columbus, OH 43218-2125

Dept of Ed/Nelnet Attn: Claims PO Box 82505 Lincoln, NE 68501-2505

Dept of Education/Neln 121 S 13th St Lincoln, NE 68508-1904

Fifth Third Bank Attn: Bankruptcy 1850 E Paris Ave SE Grand Rapids, MI 49546-6253

Fifth Third Bank 5050 Kingsley Dr Cincinnati, OH 45227-1115

Fifth Third Bank Fifth Third Bank Bankruptcy Department, 1830 E Paris Ave SE # Rscb3e Grand Rapids, MI 49546-6253 Navient Attn: Claims Dept PO Box 9500 Wilkes Barre, PA 18773-9500

Navient PO Box 9500 Wilkes Barre, PA 18773-9500

Northland Group PO Box 390905 Minneapolis, MN 55439-0905

Syncb/Care Credit C/o PO Box 965036 Orlando, FL 32896-5036

Synchrony Bank/Care Credit Attn: Bankruptcy PO Box 103104 Roswell, GA 30076-9104

Td Bank USA/Targetcred PO Box 673 Minneapolis, MN 55440-0673

Tnb-Target C/O Financial & Retail Services Mailstop PO Box 9475 Minneapolis, MN 55440-9475

## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |   |
|------------|--------------------|---|
| \$245      | filing fee         | - |
| \$75       | administrative fee |   |
| + \$15     | trustee surcharge  |   |
| \$335      | total fee          |   |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

\$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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B201B (Form 201B) (12/09)

**United States Bankruptcy Court** 

### Northern District of Illinois, Western Division

| IN RE:  | Case No  |
|---|--|
| Lepage, Margot Marie  | Chapter 7  |
| Debtor(s)  CERTIFICATION OF NOTICE  UNDER § 342(b) OF THE   | 50.50  |
| Certificate of [Non-Attorney]   | Bankruptcy Petition Preparer   |
| I, the [non-attorney] bankruptcy petition preparer signing the debtor notice, as required by § 342(b) of the Bankruptcy Code. | 's petition, hereby certify that I delivered to the debtor the attached  |
| Printed Name and title, if any, of Bankruptcy Petition Preparer Address:  | Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.) |
| x   | (Required by 11 U.S.C. § 110.)   |
| Signature of Bankruptcy Petition Preparer of officer, principal, responsive whose Social Security number is provided above.   | onsible person, or   |
| Certificate o   | f the Debtor   |
| I (We), the debtor(s), affirm that I (we) have received and read the a  | attached notice, as required by § 342(b) of the Bankruptcy Code.   |
| Lepage, Margot Marie Printed Name(s) of Debtor(s)   | X /s/ 2016 Signature of Debtor Date  |
| Case No. (if known)   | X Signature of Joint Debtor (if any) Date  |

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) only if the certification has NOT been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

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